

Department of Community Health at a Glance

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Operations Administration

The Operations Administration is comprised of the Bureau of Budget and Audit, the Office of Accounting, and the Office of Medicaid, and Main Support and is responsible for the overall administration of the Department's financial activities.

Fiscal Year 2010 Budget Overview

The appropriation for the Department of Community Health was \$13 billion, of which \$2.3 billion was General Fund. The Medical Services program, which provides health coverage for those with limited incomes, makes up almost 70% of the Department of Community Health budget. The other 30% of the budget funds Mental Health and Substance Abuse services, Public Health services, Health Policy and Regulation and Office of Services to the Aging.

Bureau of Budget and Audit – the Bureau of Budget and Audit is responsible for directing, managing and administering the Budget Division, the Grants and Purchasing Division and the Office of Audit.

The Budget Division develops, manages, coordinates, and monitors the Department's annual budget. Their primary function is to ensure adequate resources are available, revenues and expenditures are properly accounted for and spending is within appropriated levels.

The Grants and Purchasing Division administers all purchasing functions in the Department. Staff provide and maintain systems to purchase commodities and services and to process contracts efficiently with a variety of vendors and local entities to carry out the mission of the Department's various programs.

Accomplishments:

The Grants and Purchasing Division is implementing the MI E-Grants system, an automated grants management program designed to streamline grants processing from the initial Request of Proposal to final Grant Agreement and includes automated grants payments and program data collection.

The Office of Audit has responsibility for external financial and compliance audits of health care providers, local government units, non-profit organizations, and other agencies funded by the Department. The Office of Audit serves as the Department's liaison for all audits conducted by external agencies, such as the Office of The Auditor General and various Federal Agencies.

The Office of Accounting provides a full range of accounting services including all payment processing, accounts payable, employee travel reimbursement, state vehicle administration, cashing, accounts receivable, general ledger, financial reporting to the federal government on the grant awards received by the Department, and annual preparation of the Schedule of Expenditures of Federal Awards (SEFA).

The Office of Medicaid, Mental Health and MAIN Support is responsible for special accounting support services including development and monitoring of the Medicaid accrual, management of Medicaid accounts receivables and warrant rewrites, maintenance of the Department's accounting structure, financial interfaces and security for MAIN, DCDS and Desktop Intelligence, financial support for Community Mental Health and the Children's Special Health Care Programs, and the billing and collection of the State Hospital Services to the Counties.

Long-Term Care Worker Background Check Program

The primary goal of the Long-term Care Worker Background Check Program is to protect Michigan's most vulnerable citizens from becoming victims of abuse, neglect, theft, and financial exploitation by screening direct access workers. Using biometric identifiers and a state-of-the-art Web application, the program can obtain the most accurate criminal history information for workers and communicate the information to employers efficiently. Live scan fingerprint collection ensures that direct access workers are correctly identified and enables electronic submission to state and federal databases. Employers receive results for 85% of applicants within 48 hours of fingerprinting.

Fingerprints for all workers screened under the program are stored in a database (the rap back) and the Department is notified of subsequent arrests and convictions. Since April 1, 2006, 195,000 applicants for positions in DCH facilities have been entered into the Web application. Of those, 4,024 were deemed to be unfit for employment in long-term care.

MDCH staff determine the employability of workers whose results show a criminal history record by contacting local courts and law enforcement agencies to verify any disqualifying information and determine whether the applicant is eligible for employment under Public Acts 27 and 28 of 2006. The licensee or owner of the health care facility is immediately notified of the determination through the Web application.

The Department authorizes access to the secure Web-based application for administrators of nursing homes, county medical care facilities, hospices, home health agencies, hospitals with swing beds, psychiatric hospitals, and ICF/MRs (Intermediate Care Facilities for the Mentally Retarded).

The Web application can be accessed at any time using a computer with an Internet connection. Technical support is available by email or by telephone during regular business hours. Administrators input an applicant's information, conduct a preliminary screening and generate a form to authorize fingerprinting. Fingerprint collection sites are located within 25 miles of health care facilities in all 83 Michigan counties.

The Web application is located at www.miltcpartnership.org. Support services can be accessed by authorized users after they log on or by the public from the home page. Questions or comments can also be directed to MDCH staff by phone at 1-877-718-5547.

Michigan's Long-Term Care Background Check Program has received national attention. Our program was one of seven developed under a pilot project of the Centers for Medicare and Medicaid Services. Michigan's program demonstrated the efficiency of electronic submissions, pre-screening applicants, and inclusion of a rap back process. Michigan's program served as a model for national background check legislation proposed by Senator Kohl (Wisconsin). Other states have expressed interest in licensing the technology used to develop the Web application.

The rap back system of notification of a subsequent arrest was integrated into the Web application in February 2008. This allows for immediate notification to the Department of an update to the criminal history record for all individuals who have submitted fingerprints under the program.

Health Information Technology

The Health Information Technology Department is working to accelerate adoption of health information exchange to improve the quality, safety and efficiency of Michigan's health care delivery system. This year, staff managed two public/private health information technology initiatives, the Michigan Health Information Network (MiHIN) and the FCC Rural Health Care Pilot Program.

Michigan Health Information Network (MiHIN)

The Michigan Health Information Network (MiHIN) is an initiative supported by MDCH and the Michigan Department of Information Technology (MDIT). The project helps to ensure that physicians and other care providers have immediate access to patient information where patients are being cared for. Health care quality and safety is improved because accurate information results in fewer errors.

The MiHIN grew out of a multi-stakeholder planning process in 2006, resulting in a roadmap for health information exchange. The roadmap emphasizes community-based approaches, and it also established guiding principles for health information exchange to ensure the privacy, security and confidentiality of consumers.

Funding for the project was first introduced by Governor Jennifer M. Granholm in her FY06 Executive Budget. Michigan lawmakers passed legislation (P.A. 137-2006) to create Michigan's first Health Information Technology Commission and appropriated \$9.5 million to fund regional health information exchange projects in 70 counties. In 2007, \$1.2 million was appropriated to provide funding for the remaining counties. As a result, every county in the state is supported by either a planning or an implementation grant for health information exchange. The state also funds a MiHIN Resource Center to coordinate and support regional initiatives, and to assist with developing solutions critical to statewide health information exchange.

In 2008, the MiHIN Resource Center hosted the first annual Wiring Michigan for Health Information Exchange conference. This meeting convened members of Michigan's health care service industry to show them the benefits of exchanging clinical health information and showcased the latest national and state developments in health information exchange.

More information on the MiHIN project is available at www.mihin.org.

Michigan's FCC Rural Health Care Pilot Program

In late 2007, Michigan was awarded \$20.9 million from the Federal Communications Commission (FCC). The project is also supported by MDCH and MDIT. Combined with the required 15% match funds, there is over \$24 million to help link rural health care providers in Michigan.

Michigan's FCC Rural Health Care Pilot Program will bring high speed broadband Internet access to public hospitals, primary care clinics and other providers that serve people in rural and tribal areas. This project will improve the quality of care through the use of telehealth, health medicine and telehealth information exchange, also allowing Michigan citizens in rural areas to access care closer to their homes.

More information on the project is available at <http://fcc.mphi.org>.

Bureau Of Organizational Support And Services

As a Bureau under the Executive Office, the Bureau of Organizational Support and Services (BOSS) serves the entire Department. BOSS is comprised of the Division of Infrastructure Services, the Workforce Transformation section, and the Equal Employment Opportunity Office.

The Division of Infrastructure Services is responsible for media, marketing, publication, communication, web services, health and safety services and provides oversight for the areas of space management, mailroom, and warehouse services, telecommunications, record retention and other workplace issues.

The Workforce Transformation Section is responsible for professional development, talent management, training and development, and with maintaining a high-performance culture within the department.

The Equal Employment Office (EEO) is responsible for planning, organizing, developing, and directing activities related to the department's EEO efforts. The major areas covered are employment; reasonable accommodation as it relates to the Americans with Disability Act; discriminatory harassment prevention and investigating discriminatory harassment complaints.

The Bureau Director serves as DCH's liaison to the Human Resources operation under the Civil Service Commission and also as DCH's liaison to the Department of Information Technology. Review and revision of the department's policy and procedures is also housed within the bureau.

Mental Health and Substance Abuse Administration

Bureau of Community Mental Health Services

Peer Support Specialists – Success Stories

The Michigan Department of Community Health (MDCH) has received state and national recognition for developing a strong and qualified peer trained work force. Certified Peer Support Specialists (CPSS) are individuals with a serious mental illness who have a unique background in providing services and supports by sharing their recovery journey through lived experience. Michigan has over 700 individuals that have been trained and certified. Individuals who complete the training receive three credit hours from Lansing Community College (LCC). The partnership between MDCH and LCC has evolved to providing continuing education opportunities for the advancement of educational and career goals.

In November of 2009, twenty-three states currently receiving Medicaid reimbursement for peer support services were supported by SAMHSA to participate in a summit at the Carter Center in Atlanta. The purpose of the summit was to share strengths, barriers and recommendations to be published in a report sent to the mental health commissioners and directors nationwide to promote peer services as a foundation for systems transformation to a recovery-based system of care.

Based on the data collected from the 23 states at the summit, Michigan emerged as a leader in the country in recruitment, hiring, training and supporting peer specialists. At the national summit, Michigan was also highlighted as one of three states with strong outcomes in developing and implementing statewide efforts in peer led whole health to offset premature death. Michigan's whole health initiative is the only model in the country directed and led by peers using the Chronic Disease Self-Management Program (CDSMP), an evidence-based practice from Stanford University.

In partnership with the MDCH Division of Chronic Disease and Injury Control, over 120 Certified Peer Support Specialists have attended CDSMP leader training with six receiving certification from Stanford University as Master Trainers.

Many success stories have been shared by both CPSS trainers and participants of CDSMP classes. Some of the outcomes include: smoking cessation, weight loss, initiation of an exercise routine, decrease in stress, change in diet habits, improved blood sugar levels, decrease in cholesterol, attending free community health classes and less visits with mental health and physical health providers. Michigan's peer run health and wellness initiative will continue as a foundation to systems transformation efforts to increase life expectancy of individuals with serious mental illness served by the public mental health system.

Self-Determination

Michigan has a long history of providing arrangements that support self-determination for individuals receiving mental health services. Self-determination is a contract requirement providing opportunities for consumers to have the right to define their lives. In self-determination the individual controls their budget, purchasing services and supports to meet goals and objectives developed in the person-centered planning process. The MDCH Mental Health and Substance Abuse Administration (MHSA) has published a comprehensive document entitled the Choice Voucher System (CVS). The CVS includes templates and agreements to assist people with arrangements to support self-determination. The CVS technical advisory is used as a national model. Additional statewide resources have been developed including a handbook for consumers and families on principles and practices of person-centered planning and self-determination. Self-determination leadership seminars are conducted bimonthly to

provide education, training and technical assistance for consumers, families and providers. Michigan's self-determination products and outcomes are viewed nationally as an exemplary model.

Michigan Recovery Council and Recovery Center of Excellence

The Michigan Recovery Council consists of 48 members with over 75% representation from primary consumers. The Council's mission is *"to lead the transformation of the public mental health system to one based on a recovery foundation"*. The Council oversees the development and implementation of recovery policies and practices. The Council established the Michigan Recovery Center of Excellence (MRCE), a virtual center to promote recovery principles and practices statewide and nationally. The Recovery Council is overseeing the implementation of the Recovery Enhancing Environment (REE) scale, a statewide measure used as a quality improvement process for the 18 Prepaid Inpatient Health Plans. The administration of the measure was conducted in a peer-to-peer model. Data from the measurement is being used at the local, regional and state level to improve services and supports based on recovery. When data collection and analysis of results is completed, the Recovery Council will develop a statewide strategic plan to move transformation activities forward. In 2010, the Council will develop a statewide policy on recovery with several complementary initiatives including a statewide training plan and curriculum to improve knowledge and strengthen practices on recovery. More information on the Recovery Council activities and Michigan's transformation efforts is located on the MRCE website www.mirecovery.org.

Division of Mental Health Services to Children and Families

The Division of Mental Health Services to Children and Families (MHSCF) is focused on improving outcomes for children and families by continuing to support development of a system of care in local communities that is family-driven, youth-guided, community-based, and serves as an alternative to out-of-home care for children who experience mental health challenges or developmental disabilities.

To improve the quality of services, MHSCF has continued expanding access to evidence-based and promising practices by introducing and supporting Parent Management Training-Oregon Model across the state, promoting Trauma Informed Cognitive Behavior Therapy, supporting Wraparound training and fidelity projects, supporting Juvenile Justice Diversion programs, managing children's home and community-based waivers, and developing a Parent to Parent peer support initiative in partnership with the Association for Children's Mental Health. In addition, a partnership has been established with the Department of Human Services (DHS) to increase access to intensive, community-based mental health services for abused and neglected children through the use of the 1915(c) Waiver for Children with Serious Emotional Disturbance. This collaborative effort is targeted to achieving permanency for DHS children and maximizes federal revenue through the use of DHS funds to draw down Medicaid funds to support the services. Developing local systems of care for children and families and increasing collaboration with juvenile justice, child welfare systems and education will continue to be a focus in coming years.

Mental Health Services to Children and Families encompasses a variety of services, supports and projects that work to meet the mental health service needs of children and families in Michigan. For more information on specific programs, visit the "Children & Families" link of the Mental Health and Developmental Disabilities section under Mental Health and Substance Abuse Services of the Department of Community Health website.

Division of Program Development, Consultation and Contracts

MDCH serves more than 200,000 children and adults who have a serious mental illness, serious emotional disturbance or a developmental disability. Working with the 46 local community mental health services programs, an array of mental health services are made available to those most in need. With a budget of a little over \$2 billion in Medicaid, state General Fund and federal block grant system change

funds, local agencies make available many different types of treatment and support services that are uniquely designed to address each individual's needs.

Evidence-Based Practices and Improving Practices

The Practice Improvement Steering Committee, which includes consumers, representatives from the Prepaid Inpatient Health Plans (PIHPs), state universities, MDCH staff, and mental health advocacy organizations, oversees the adoption of evidence-based practices in Michigan's public mental health system. To date, the committee has selected three evidence-based practices that PIHPs must have as part of their service array. They are: Family Psychoeducation, Integrated Dual Diagnosis Treatment for Co-Occurring Disorders, and Supported Employment.

More information on evidence-based practices is available at http://www.michigan.gov/mdch/0,1607,7-132-2941_4868_38495---,00.html.

Medicaid Infrastructure Grant

Activities supported by Michigan's Medicaid Infrastructure Grant (MIG) include increasing Freedom to Work/Medicaid Buy-In enrollment, increasing the employment rate of people with disabilities, partnering with Work Incentives Planning and Assistance benefits planning and increasing the use of Social Security work incentives. The state MIG project coordinates a Recharging Competitive Supportive Employment workgroup consisting of CMHSP agencies.

Dialectical Behavior Therapy (DBT)

The Michigan Department of Community Health (MDCH), along with Behavioral Tech LLC, has provided several trainings to implement DBT systematically. Since FY 2007, 35 DBT teams are in different stages of implementing this treatment modality. Approximately 350 staff from community mental health programs has been trained intensively on this modality. MDCH also issued a directive in 2008 regarding approval of the program, expectations of a DBT program, and how to report DBT to the state's data warehouse. It is expected that all the DBT teams have a peer support specialist as part of their team.

Assertive Community Treatment

Assertive Community Treatment (ACT) is a very intensive community-based approach to comprehensive treatment and support for adults with serious mental illness. Many consumers receiving ACT are those with difficulty managing medications without ongoing support; psychotic/affective symptoms despite medication adherence; serious mental illness with co-occurring substance use disorders or who exhibit socially disruptive behavior; those exiting jail or prison; frequent users of inpatient psychiatric hospital services, crisis services, crisis residential, or homeless shelters; or older adults with serious mental illness who have complex medical/medication conditions. Many mental health consumers experience physical health issues because they are more likely to smoke, exercise little, and have a long history of psychotropic medication use. Team-based services, which include a full-time registered nurse, help address some of these issues.

In the most recent fiscal year, 6,148 individuals received ACT services in Michigan.

Clubhouse/Psychosocial Rehabilitation Programs

Michigan has clubhouse programs throughout the state. Funding is provided to support members including improving employment outcomes and assisting with housing supports. MDCH offers training to assist programs in increasing community involvement and integrating clubhouse members into community groups, developing and maintaining an array of employment opportunities, implementing tools of the recovery model, transportation, staffing, job development in rural communities, developing

self-help groups, and integration of peer support specialists in the clubhouse. A list of all the clubhouse programs in the state is available at <http://www.mi-clubhouse.org>.

The Richard Wellwood award honors a CMHSP and consumer-run drop-in center which exemplifies partnership, support and encouragement. The award consists of a monetary award given to the drop-in center for facility enhancement or program activities, and a written commendation (plaque given to the CMHSP for its practice support to the program and the consumers who provide the day-to-day operations). This award is sponsored by DCH and the Office of Consumer Relations.

The Transformation Transfer Initiative (TTI)

The Transformation Transfer Initiative is a federally funded grant designed to respond to the 2006 technical report produced by the National Association of State Mental Health Program Directors (NASMHPD) "Morbidity and Mortality in People with Serious Mental Illness". The report demonstrated that people with mental illness die on average 25 years earlier than the general population. The majority of these deaths are due to conditions distinct from the mental illness, such as cardiovascular disease, diabetes, and respiratory illness. Mental health consumers often get their mental health needs treated, but their physical health goes untreated due to lack of communication between mental health and primary health providers. The TTI grant was created to help community mental health services programs (CMHSP) increase coordination between the mental health and primary care providers. This will be done with the expectation that the whole health of the consumer will improve and his or her life expectancy will more closely reflect that of the general population. Ten projects at different CMHSPs were initiated.

Division of Quality Management and Planning

MDCH and the 46 Community Mental Health Services Programs (CMHSP) have engaged in improving the services provided to people with serious mental illness, children with serious emotional disturbance, and people with developmental disabilities by implementing evidence-based, best and promising practices over the past three years. This past year, over 1,000 CMHSP and provider leaders participated in sessions that provided them an orientation to Culture of Gentleness.

The Division of Quality Management and Planning houses the public mental health system's consumer-level encounter and demographic data. The information from this source is essential for numerous reports including those required by the Mental Health and Substance Abuse Administration, Centers for Medicare and Medicaid Services, and the state legislature. During this year, the Division has been partnering with other administrations and agencies to enhance the usefulness of the data collected. The Division is currently working on the **Data Exchange** project with the CIO Forum and the chief information officers of each of the 18 PIHPs to develop a systems framework that will accommodate 'real-time', continuous reporting of critical events for consumers such as arrests, deaths, causes of death, and hospitalizations and emergency treatments resulting from injury. By providing individual consumer identification with each event, MDCH can look for trends and causes by comparing reportable events to data in the demographic and encounter files. The framework developed for this project will be useful for reporting other 'event-type' information in the future.

The coordination of physical and behavioral health care is a recognized priority as studies show that individuals with mental illness die at an earlier age than the general population and are more likely to suffer from numerous potentially life-threatening illnesses such as obesity, hypertension and diabetes. In response to this need for improved coordination, MHSA and the Medical Services Administration (MSA) have worked together to form the **Data Sharing Project**. Through this joint effort, PIHPs and MHPs working together can obtain data from the MDCH encounter system such as types of services and medications received, dates of services, and diagnoses for individuals served by their agencies. As part of this project, procedures have been developed to allow data sharing through project review

and approvals from MSA and MHSA, and data use agreements. Participant agencies are to present their findings in a variety of forums including Mental Health Advisory Committee meetings, and the Integrated Health Steering Committee. The Division has applied for a grant from SAMHSA to provide additional support for this project for FY2011-2013.

The Michigan Department of Community Health, Department of Information Technology and other key members are working together to create the new Community Health Automated Medicaid Processing System (**CHAMPS**). CHAMPS is an expansive statewide system that will enhance automated processing of fee for service claims, encounter reporting, provider enrollment, and prior authorization, along with other features. Division staff is working with CHAMPS vendors and PIHP IT staff to ensure that mental health encounter and demographic data are integrated successfully with the new CHAMPS.

Safety Net

The "Safety Net Plan" is a comprehensive crisis response plan that was established in 2009 to provide crisis services to the individuals who were discharged from the Mt. Pleasant Center and Caro Center, as well as other individuals at risk of being placed in a more restrictive environment. MDCH partnered with Macomb Oakland Regional Center, Inc. who established the Center for Positive Living Supports (CPLS) to provide safety net services. The CPLS offers training, coaching and mentoring to CMHSPs and provider staff in gentle teaching and other positive supports. They also provide individualized mobile crisis response services, including a 24-hour crisis line and in-home consultations, as well as access to temporary placements in the transition home where individuals' behaviors are assessed and solutions for addressing them are shared with caregivers and professionals. The CPLS focuses on supporting relationship-building in safe, respectful and nurturing environments and provides recommendations and assistance to help the CMHSPs, providers, and home staff work together to best support individuals in their communities

Quality Assurance Monitoring

The Quality Assurance Section of the Division performs monitoring functions on the public community mental health services providers to assess compliance with state, federal, and contractual requirements. The Section works closely with providers, advocates, and other stakeholders to develop review protocols and publishes an interpretive guideline for use by site review staff members and public community mental health service providers. Over the past two years, Section staff members have reviewed more than 3,300 clinical records and conducted interviews with more than 1,800 service recipients and/or family members as part of this process.

Peer Mentor Pilot Training

With MDCH backing and funding from the Developmental Disabilities Council, a Peer Mentor curriculum and training program was developed by a dedicated group of individuals with disabilities who have a strong vision and high expectations for the future of peer mentors. In January 2010, a Peer Mentor Pilot Training was held for people with developmental disabilities to become effective peer mentors to others with developmental disabilities so that they may lead self-directed and more autonomous, satisfying lives. The curriculum developed for the pilot uses materials produced through the Georgia Peer Support Program as well as utilizing advocacy tools and specialty areas for peers to study. Pilot follow up includes the development of a listserv and website to keep people connected as well as more in-depth training in the community. Ultimately, trained peer mentors will be assisting individuals with developmental disabilities toward greater self advocacy, empowerment and personal responsibility for their own lives.

Bureau of Administration

Division of Community Living

The Division consists of two sections: Office of OBRA Programs and Housing. The Office of OBRA Programs is responsible for the federal (Medicaid) preadmission/annual review of persons with mental illness or developmental disabilities being considered for nursing facility admission. Evaluations are completed by community mental health agencies and actual admission determinations are made by OBRA. Staff also work with community mental health agencies in providing services to persons with mental health needs in nursing homes.

The Housing Section manages over 160 state leases for group homes and over 90 contracts with sub-grantees for housing homeless persons through grants MDCH has received. These housing grants primarily serve persons with severe mental illness, substance use disorders, and HIV/AIDS.

In addition, the Division works with several partner agencies to develop housing for persons with mental illness, developmental disabilities, physical disabilities and substance use disorders, for persons who are aging or survivors of domestic abuse, for youth aging out of foster care, and for low income individuals and families.

Bureau of Hospital, Center and Forensic Mental Health Services

The Bureau of Hospital, Center and Forensic Mental Health Services oversees five hospitals and centers, as follows:

Three that serve MI-Adults ages 18 and older:

Caro Center, Caro (Tuscola County)

Kalamazoo Psychiatric Hospital, Kalamazoo (Kalamazoo County)

Walter Reuther Psychiatric Hospital, Westland (Wayne County)

One that serves children and adolescents ages 5 to 17:

Hawthorn Center, Northville (Wayne County)

One that serves persons referred from the judicial system:

Center for Forensic Psychiatry, Saline (Washtenaw County)

The combined average daily census of these five inpatient psychiatric facilities is approximately 900 in-house patients.

The Bureau also oversees the Corrections Mental Health Program (CMHP). This program is operated by the Michigan Department of Community Health via an interdepartmental contract with the Michigan Department of Corrections (MDOC). In fiscal year 2009, CMHP provided treatment services to a total unduplicated count of 8,890 prisoners at all levels of care (approximately 18% of the total prison population).

Corrections Mental Health Program (Brief Overview)

The Department of Community Health Corrections Mental Health Program (CMHP) provides mental health services in prisons through a contract with the Michigan Department of Corrections. Services consist of Outpatient Mental Health Treatment, Residential Treatment, Adaptive Skills Residential Program, Crisis Stabilization, Inpatient Acute Care, and Rehabilitation Treatment, all provided within the correctional environment.

The Department of Corrections also has a mental health service component in each prison which is referred to as the Psychological Services Unit (PSU) and provides counseling services, case finding, psychological testing, intake evaluation services, assaultive offender programs, sex offender programs, and other types of psychological services to prisoners with less severe needs.

The Outpatient Programs and the Residential Treatment Programs are currently accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). CMHP will be seeking re-accreditation in April/May 2010 for those programs, as well as the new Adaptive Skills Residential Program. CMHP received its first CARF accreditation in 1998, and was the first mental health program in a correctional setting in the nation to do so.

Corrections Mental Health Program – Success Story #1

In June, 2010, CMHP opened the Adaptive Skills Residential Program (ASRP), a new program at the St. Louis Correctional Facility designed to treat prisoners with moderate to serious adaptive problems due to a developmental disability. The target population of this program includes those prisoners with mental retardation, dementia and other severe chronic brain disorders, pervasive developmental disorders, and other moderate to severe developmental disorders. Prior to the implementation of this program, services to this population were not readily available within the Michigan Department of Corrections (MDOC), particularly for those prisoners at the higher security levels. In February, 2010, the Director of Corrections, the MPAS court monitors, and other staff toured the facility, interviewed the prisoners, and observed the treatment services on the unit. All participants were extremely impressed with the quality of services available, the investment and dedication of the staff, and high accolades were given. CMHP has just assumed responsibility for a second ASRP located at the Ionia Complex which services prisoners at the lower security levels.

Corrections Mental Health Program – Success Story #2

The Inpatient component of CMHP (Acute Care, Crisis Stabilization, and Rehabilitation Treatment Services) was relocated in March, 2010, from the Huron Valley Correctional Facility to the Woodland Correctional Facility (former site of the Maxey facility). Woodland Correctional Facility does not house general population prisoners and, therefore, provides an environment that is more appropriate for the inpatient population.

Corrections Mental Health Program – Success Story #3

CMHP continued to work very closely with the MDOC Michigan Parole Re-Entry Initiative (MPRI) during fiscal year 2009. There are two designations (P70 and D47) within MPRI in which the CMHP is involved. D47 refers to a prisoner with mental illness/mental disorder who is designated by the Parole and Commutation Board for participation in the Re-entry Program for Offenders with Special Needs. These prisoners are provided with a deferred parole which allows time (up to six months) for CMHP staff to assess and document the prisoner's needs and to provide this assessment, along with clinical documentation, to the vendor, Professional Consulting Services (PCS) for the coordination and planning of the aftercare services. CMHP had a total of 577 participants/referrals designated as D47s, and a total of 532 paroled in fiscal year 2009.

Corrections Mental Health Program – Success Story #4

P70 refers to a prisoner with a mental illness/mental disorder who is referred to the Parole and Commutation Board for the regular MPRI program, meaning the prisoner is given a parole date up front and is transferred to one of the designated In-reach facilities. If the prisoner participates in all the recommended programming and stays out of trouble, he paroled in 60 days. Transition teams at the In-reach facilities link the prisoner with community providers in order to ensure their needs are met. There were 1,012 total participants/referrals as P70s, and a total of 588 were paroled.

Hawthorn Center (Children) – Success Story #1 – Cognitive-Behavioral Therapy

Hawthorn Center has developed and implemented a cognitive-behavior therapy program for long-term patients. This type of therapy has been found to be highly effective in ameliorating emotional and behavioral problems. An inter-disciplinary workgroup of clinicians identified common problem areas for its patient population, including: anger and aggression, impulsivity and ADHD, depression, anxiety, obsessive-compulsive disorder, borderline and self-harmful behavior and trauma/abuse. Empirically-based or supported cognitive-behavioral workbooks were identified for these problem areas. Training for staff was provided and the program was officially implemented in October of 2009. There is ongoing monitoring of the program through the facility's quality improvement process.

Hawthorn Center (Children) – Success Story #2 – Census And Length Of Stay

Hawthorn Center continues to strive to meet community needs and accepts patients from all CMHSPs (community mental health services programs) throughout Michigan. Hawthorn Center admits patients as an emergency for brief hospitalization, as well as accepts patients from other acute care hospitals for long term care as authorized by the responsible CMHSP. Ever since initiation of the brief hospitalization program in 2003, admissions and discharges have increased steadily. Hawthorn Center previously admitted 80-90 patients in a year until 2003. In 2009, they admitted 786 admissions. For fiscal year 2010, Hawthorn Center has already admitted 373 patients and could not accommodate 121 patients because of bed limitations. The average length of stay is declining and readmission rate is also low because of excellent, well coordinated post discharge planning with the CMHSPs. In 2009, the average length of stay for patients admitted for brief hospitalization was 7.79 days, and for patients admitted for long term care it was 55.30 days. The readmission rate in a year was about 10%, and only 2%-3% of patients required more than two admissions in a year. Ninety-five percent of the CMHSP satisfaction survey responses indicated that they were very satisfied with Hawthorn Center services.

Hawthorn Center (Children) – Success Story #2 – Non-Physical Interventions

Beginning three years ago, Hawthorn Center developed a plan to move in the direction of exclusively using non-physical interventions during emergency safety situations. From the outset, it was clear that the goal was long term in nature. A paradigm shift away from the culture of seclusion and restraint to one of safe non-physical intervention was needed.

The philosophy of safe non-physical interventions was promulgated in policy, semi-annual trainings, and at weekly treatment team meetings on each patient care area throughout the organization. In addition, emergency safety situations were an agenda item at each meeting. Treatment team staff were given the opportunity to develop and discuss safe non-physical interventions for pertinent consumers. If appropriate, these interventions were entered as modifications to the consumers' individual plans of service (IPOS). Interventions included behavioral treatment plans which rewarded safe behavior.

Further, at the time of admission, consumers and their families are carefully assessed for situations which might engender emergency safety situations. They are also assessed for what might make these situations less likely and/or ameliorate them. These assessments are developed into Patient Safety Plans, with which treatment teams become familiar, allowing them to engage patients in non-physical interventions during periods of escalated and dangerous behavior. Elements of these plans are incorporated into a Comprehensive Individualized Interdisciplinary Treatment Plan (IPOS).

Staff and patients who are involved in emergency safety situations are always debriefed. The results of these debriefings are recorded and entered into a database. Data is aggregated and perused by clinical department heads and medical staff leadership in order to inform the development of policy, procedure and training. An example of one such development was the recommendation that the Hawthorn Center research a new method of de-escalation and emergency safety intervention. The sanctioned and

evidence based method of de-escalation and emergency safety intervention, "Safety Care," will make the use of non-physical interventions more likely. All clinical staff and childcare workers are currently being trained in its use.

Clinical department heads meet daily, providing oversight regarding the above processes. The IPOS of individual consumers who are involved in patterns of emergency safety situations are reviewed. Changes to these and treatment team interventions are recommended.

With these performance improvement processes in place since 2007, emergency safety intervention rates have been reduced by 50%. The Hawthorn Center is cognizant that it has a long way to go before attaining its goal of exclusively using non-physical interventions during emergency safety interventions, but the facility leadership and staff are encouraged by the progress made to this point.

Kalamazoo Psychiatric Hospital (MI-Adults) – Success Story #1

Kalamazoo Psychiatric Hospital (KPH) has successfully developed a Young Adult Education Program which includes Special Education Services.

The Young Adult Education program serves consumers between the ages of 18 and 26 who do not have a high school diploma or General Education Diploma (GED).

The program is comprised of one certified Special Education teacher, a General Education teacher, two Teachers' Aides and an Office Assistant.

Over the past year, KPH has received more consumers who require significant individual attention in the school setting. The educational program for these students has and continues to be focused on the development of life skills.

The Scope of Services are:

- Basic adult education
- GED preparation
- Quality of life and physiological awareness education
- High school completion
- College credit
- Other needs as identified by an Individualized Educational Plan (IEP) Committee (i.e., social skills, life skills, community services awareness, etc.)

Some of the "School Successes" over the past year are:

- Murals (painted by students and staff)
- Kitchen activities (i.e., meal preparation, recipe instruction)
- Academics – focusing on "functionality" for Special Ed students
- Life-skills development
- Creation of posters/flashcards – enhance recognition of Sight words
- Model car project
- Garden
- Physical education/recreation/leisure activities:
 - Creative games
 - Connect Four
 - Basketball
 - Video arcade
 - Table tennis
 - Soccer
 - Pool
 - Outdoor activities
 - Homerun derby
 - Dodgeball
 - Shuffleboard
 - Frisbee

Personal student success has also been a goal at KPH in the Young Adult Education program. A story of special recognition is:

- A student who passed the Reading section of the GED with the highest score ever at KPH. This came after months of intensive work. This student has shown dramatic improvement in both the cognitive and affective domains. Since his arrival, he has gained a new-found direction for lifelong productivity.
- One consumer, through the Adult Education Program, successfully completed his on-line Associate in General Studies degree from Delta College in June, 2009. He is presently pursuing a baccalaureate degree in business and is currently taking a class on copyright laws.

Kalamazoo Psychiatric Hospital (MI-Adults) – Success Story #2

Each year, consumers at KPH have the opportunity to participate in the annual Christmas program. This is a special time because the program allows each consumer the chance to showcase their individual talents. Consumers assist in the full development of the program starting with set design, choreography, writing, performing in the choir, singing solos and acting on stage. In 2009, a particular consumer stood out. He wanted to participate in every area listed. He was very excited to be a part of the program. He shared ideas and enthusiasm throughout the process. Eventually, his role was narrowed down to a few, including being narrator of the program as well as participating in a dance number and singing a duet with another consumer which they themselves arranged. It was apparent he was in his element and he worked very hard to get positive attention.

It is a fulfilling time for everyone, including consumers, staff and family members who can attend.

Also, during the Christmas program, one consumer's parents were able to attend. The parents were grateful for the opportunity to see their son in a very positive light, especially in the hospital setting. Both parents were emotional when describing how well their son appeared to be doing. It was a special day for the parents as well as the consumer. It was a day that didn't include the typical issues related to medication, behaviors and symptoms, but rather positive reinforcement and praise for a job well done.

Kalamazoo Psychiatric Hospital (MI-Adults) – Success Story #3

In May, 2009, a new unit was opened at KPH. This unit is designated for a) non ICF-MR consumers that had been at Mt. Pleasant Center, b) would have been referred there if it had not closed, and c) those that are designated as DD/MMR who have been found either IST or NGRI. Staffing is a blend of veteran KPH staff and transferred staff from Mt. Pleasant Center who had familiarity with the consumers. Through a great deal of work, cooperation and coordination between all disciplines, this unit has been structured to facilitate positive, mature behaviors from consumers, and allow them choices for treatment and activities including a weekly unit 'Peace Party' for those who have been non-aggressive throughout the week. This structure has helped consumers develop self-control of behaviors, ask for help when needed, and increase skills and behaviors that will facilitate placement in the community.

In addition, these consumers have been mainstreamed into the Centralized PSR Program when appropriate and in a couple of the treatment areas where the need is high and the cognitive level low, classes have been developed, e.g. IST and Anger Management. These consumers have also been mainstreamed into the evening PSR Program.

Walter Reuther Psychiatric Hospital (MI-Adults) – Success Story #1 – Educational Pursuits

Reuther Academy, a school within Walter P. Reuther Psychiatric Hospital (WRPH), provides educational instruction to patients ages 18 and beyond. The philosophy of the school is to make possible the

maximum social, emotional, and educational growth of the student. In order to enhance the educational component of this standard, as well as improve social and emotional well-being, Reuther Academy partnered with the Clintondale Continuing Education Center to provide an opportunity for their students to receive a high school diploma.

The Clintondale Distance Learning Program courses are designed to meet the goals and objectives required in the Michigan Curriculum Framework. Clintondale accepts academic credits earned at Reuther Academy, applying them toward graduation requirements.

The Reuther Academy/Clintondale Pilot Program began in September, 2007, with an enrollment of four students. All four students graduated in 2009, two in March and two in July.

Graduation ceremonies were held at WRPB, with families, friends, treatment teams, administrators and Reuther Academy students in attendance. An official from Clintondale was the keynote speaker and presented the diplomas to the graduates, who looked very proud in their caps and gowns.

Clintondale courses are designed to meet the needs of a variety of students, including credit recovery, disabled, remedial and home/hospital bound. Consequently, Reuther Academy was able to provide instruction which met the needs of their students and enabled them to achieve their goal of obtaining a high school diploma. Clintondale also provides services to students who are discharged into the community if they were unable to complete the program while attending Reuther Academy. WRPB is the first state hospital to provide students the opportunity to obtain a high school diploma. The program continues at Reuther Academy and the goal is to have more graduations in the years ahead.

Walter Reuther Psychiatric Hospital (MI-Adults) – Success Story #2 – Program Innovations

The Impulse Control Group was designed to address the male population at WRPB who have had difficulties with Criminal Sexual Conduct (CSC).

We were approached by the PSR (psychosocial rehabilitation program) coordinator and hospital/social work administrators to design a PSR group to help treat patients with these problems. Staff worked with a professional, Mark Rosenberg, LMSW, who has more than 20 years experience working in the prisons, private practice and consultation. He provided written materials/exercises, advice, consultation, education and support. WRPB reviewed videos, critiqued written material that would be appropriate for its population, and designed a PSR group from 90 to 180 days (PSR cycles).

Since implementation of the group, many patients have been involved in the group and several have moved back into the community, either in dependent placements or back into the legal system. Hopefully, WRPB staff have added to their appropriate behavior management skills and helped to prevent further episodes of CSC re-offending.

Walter Reuther Psychiatric Hospital (MI-Adults) – Success Story #3

With the guidance and direction of the Schizophrenia and Related Disorder Alliance of America (SARDAA), the founder of Schizophrenics Anonymous, Joanne Verbanic, and some dedicated WRPB employees, WRPB launched a peer led Schizophrenics Anonymous program on March 24, 2009.

Schizophrenics Anonymous (SA) is a self-help support group for persons with schizophrenia or a schizophrenia related disorder. The program offers hope and recovery within a mutually supportive community. Its focus is to help restore dignity, sense of purpose, to offer positive peer support, and positive steps toward recovery.

At WRPB, patients who express interest to become a leader and are referred by their treatment team, are trained by the hospital's SA support person. Once the SA leadership training is complete, the trained patients are able to lead the program for their peers.

The evening program is held weekly at an off unit location. It has been an incentive for some patients to work on achieving higher level ground card for participation in the program and leadership abilities.

Currently, WRPB is exploring and working to develop its first Schizophrenics Anonymous program to be held on the unit. This program will offer opportunity for patients of lower ground card status to attend and be actively involved in a peer supported program.

Special luncheons have occurred for our leaders and regular attendees to show appreciation for their contribution and efforts to our hospital wide program.

Caro Center (MI-Adults) – Success Story #1 – Dialectical Behavioral Therapy (DBT)

Clyde was 31 years old when he was admitted to the Caro Center. He had an extensive history of psychiatric care since childhood. While a teenager, he attempted suicide by lighting himself on fire. In an attempt to help put out the fire, his mother's boyfriend was killed. Clyde was charged and sent to prison. During his incarceration, he remained withdrawn and kept to himself. His mother died during his incarceration, leaving Clyde an orphan. Prior to his release from prison, Clyde ruminated about being alone. In a fit of panic about the thought of being alone, he dug out his eyes. Quick medical intervention restored his eyes, but he was left blind in one eye. When he was admitted to the Caro Center, Clyde was reclusive and refused to leave his room for days at a time. He felt the programming was too much for him, that he could not keep up the pace of therapy, and found the groups to be intimidating.

Through Dialectical Behavioral Therapy (DBT), Clyde was taught the coping skills necessary to face and deal with the panic he felt about being in the world alone. He was a quick learner and began to practice the coping skills he was learning. Through constant support by his treatment team, he began to make friends with his peers, and adjusted to being in group situations.

Clyde was eventually able to fully face his fears and be discharged from the hospital and return to a community setting. He currently resides in a group home, and periodically calls his peers at the Caro Center to let them know he is doing well, and for the first time in a long time, he is happy.

Caro Center (MI-Adults) – Success Story #2 – Dialectical Behavioral Therapy (DBT)

Diana was in her early twenties when she was readmitted to the Caro Center for a second time due to hearing voices. Her mother was an addict. Diana had a history of sexual abuse and neglect by her family who did not support her and denied her mental illness by calling her "selfish" for seeking treatment. Diana was despondent upon her arrival at the facility. Her moods would greatly fluctuate from becoming easily agitated to severe depression in which she would become suicidal and purposefully injure herself in a state of self loathing. Her voice would berate her and tell her that she was no good to anyone. She was treated with medications to address the voices and to help stabilize her mood swings.

Diana began DBT which taught her the necessary coping skills to face the stress of life and raise her poor self esteem. The voice gradually faded and her mood stabilized. With her new coping skills, she was able to face her family stressors and forge a new life for herself. She currently resides in her home town in a group home. She calls the Caro Center periodically to report on how she is doing in her outpatient therapy, and to report that she is now ready to begin to look for a part time job with the assistance of her community mental health agency.

Center for Forensic Psychiatry (Brief Overview)

The Center for Forensic Psychiatry (CFP) was created by statute in 1966. The CFP performs court-ordered evaluations for criminal courts throughout Michigan and provides involuntary treatment on an inpatient basis to individuals adjudicated Incompetent to Stand Trial (IST) and Not Guilty by Reason of Insanity (NGRI). These tasks are accomplished by two distinct services at CFP, Evaluation Services and Treatment Services.

Evaluation Services: CFP's mission is to perform court-ordered assessments of competency to stand trial. Several thousand evaluations are completed each year.

Treatment Services: CFP has seven inpatient units, six for males and one for females. Treatment Services has a target census of 210. Admissions and discharges are court-ordered. Patients are admitted under various legal statutes.

Treatment teams are composed of Psychiatry, Nursing (RNs), Social Work, Activity Services, and Psychology.

Forensic Admission, Treatment, and Discharge/Transfer Process: All initial Incompetent to Stand Trial (IST) evaluations are performed through CFP's Evaluation Services. Persons adjudicated IST are committed by courts of criminal jurisdiction for treatment to restore them to competency. CFP provides placement recommendations to the courts. ISTs may be treated at CFP or other DCH facilities. More than 90% of ISTs regain competency within the statutorily-permitted time period.

All initial insanity evaluations are performed through CFP's Evaluation Services. Persons adjudicated Not Guilty By Reason of Insanity (NGRI) are, by statute, admitted to the CFP for a 60-day diagnostic period by the criminal court. At the end of that time, they are either released or committed to CFP or to other DCH facilities. Once these determinations occur, these patients shift from the criminal system to the jurisdiction of the Probate Courts, and are periodically re-evaluated in relation to civil commitment criteria. NGRI probates are routinely transferred to other DCH facilities as their clinical condition permits. During calendar year 2009, the Center for Forensic Psychiatry's Evaluation Services Section performed 3,551 evaluations for the criminal justice system.

Center for Forensic Psychiatry – Success Stories

CFP's mission is to provide quality forensic mental health services to individuals and the Michigan court system, and it strives to improve services to our patients and to the legal system.

Over the past year, CFP made significant organizational changes to support its culture of quality and safety. It undertook a major restructuring of its Nursing Department, integrating all 24-hour unit staff into Nursing, and it redefined its Safety and Security Department, adding a significantly increased role in its improved environment of care functions. CFP revamped its psychosocial rehabilitation (PSR) program, resulting in enhanced content and increased programming hours, and it maintained a significant reduction in restraint hours.

CFP continued to respond to the high demand for court-ordered forensic evaluations, and worked with its biggest legal customer – Wayne County – to facilitate the forensic evaluation of Wayne County Jail inmates. CFP collaborated with the Marquette County Sheriff's Department and Great Lakes Recovery to establish a new site at which to conduct forensic evaluations for the counties of the Upper Peninsula. Additional counties were added to its video court process, saving travel time and money for CFP and minimizing disruption for the courts.

CFP had an extremely successful Joint Commission survey. The facility expects to apply for certification by the Centers for Medicare and Medicaid Services (CMS) in 2010.

Success Story for the Mental Health and Substance Abuse Administration

In February, 2009, the Department of Community Health announced the closure of the Mt. Pleasant Center (MPC), the last ICF/MR (Intermediate Care Facility for the Mentally Retarded) facility in the state of Michigan. Of the approximately 120 ICF/MR residents located at the facility, 110 of them were successfully placed into appropriate community settings. The remaining ten residents were transferred to the Caro Center, where a small ICF/MR program was established to meet the needs of these individuals until their eventual discharge and return to the community. The last day for residents to be residing at MPC was September 10, 2009. The facility was officially closed on October 10, 2009.

Bureau of Substance Abuse and Addiction Services

Strategic Prevention Framework, State Incentive Grant

The Bureau of Substance Abuse and Addiction Services (BSAAS) administers the Strategic Prevention Framework, State Incentive Grant project. This is a collaborative effort involving the Departments of Education and Human Services, the Office of Highway Safety Planning, Substance Abuse Coordinating Agencies (CAs), and community coalitions. The total grant award over five years is \$11.75 million. The grant ends September 30, 2010. The priority for these funds is to address alcohol-related traffic crash deaths and underage drinking. Using the strategic prevention framework five-step model (assessment, capacity, planning, implementation, and evaluation), prevention strategies, with an emphasis on evidence-based practices, are applied in communities across the state. BSAAS anticipates serving 600,000 persons annually, including youth and underage drinkers, people who are socio-economically disadvantaged, parents/caregivers, and older adults.

Integrated Treatment Request for Proposal

BSAAS and the Mental Health and Substance Abuse Administration have partnered to address the needs of individuals with co-occurring substance use and mental health disorders. The focus is on those individuals with substance use disorders and less severe mental health disorders. Funds from both the substance abuse and mental health block grants were combined to improve services to this population. A competitive bid process was used to distribute funds, and the request for proposal required CAs to collaborate with community mental health service programs to serve these individuals. Awards totaling \$800,000 per year, for two years, were made to six CAs.

Fetal Alcohol Spectrum Disorders Grant

In January 2008, BSAAS was awarded a \$1.2 million federal grant to focus on preventing fetal alcohol spectrum disorders (FASD). The grant, referred to as the Parent-Child Assistance Program (PCAP), is a three-year case management program to assist pregnant and post-partum women (up to six months) who are in need of or are receiving substance use disorder treatment services. A primary objective is to target women who are enrolled in a substance use disorder residential treatment program. Accordingly, priority was given to regions of the state that have multiple women's residential treatment programs; two CAs, Lakeshore Coordinating Council and network180, were selected to pilot this program. BSAAS worked with the selected CAs to resolve the necessary details of existing resources, needs of the client population, and funding. A leadership team comprised of BSAAS and Public Health staff, along with FASD and CA representatives worked cooperatively to implement. Client services began at the end of 2008; BSAAS continues to direct this project.

Recovery Oriented System of Care (ROSC)

BSAAS is working to transform the public substance use disorder service system into one that is focused on supporting individuals seeking recovery from this chronic illness. ROSC requires a transformation of the entire service system to one more responsive to the needs of individuals and families that

are impacted by addiction. ROSC supports individualized and self-directed approaches to care that build on the strengths of individuals, families, and communities. In addition, ROSC helps individuals take responsibility for their sustained health, wellness, and recovery from alcohol and substance use problems. It recognizes a substance use disorder as a chronic illness and provides services to support the individual, his/her family members, and significant others. BSAAS is at the beginning stage of transforming to an ROSC. The transformation process will include stakeholder participation in the development of Michigan's vision for an ROSC.

Problem Gambling Services

The Michigan Problem Gambling Program, administered by BSAAS, includes a 24-hour help-line to assistance individuals with problem and/or pathological gambling. Individuals receive confidential help and referral to a treatment provider. The program also offers continuing education and training to treatment professionals, and a speaker's bureau to provide information and education about problem gambling to the public.

More information about BSAAS programs and initiatives can be found at www.michigan.gov/mdch-bsaas.

Office of Recipient Rights (ORR)

The Michigan Mental Health Code, PA 258 of 1974, established the Michigan Department of Community Health Office of Recipient Rights (DCH-ORR), its functions and its responsibilities. The primary mandates of the office are to provide direct rights protection and advocacy services to individuals admitted to state psychiatric hospitals and centers for developmental disabilities, and to assess and monitor the quality and effectiveness of the rights protection systems in community mental health service programs and licensed private psychiatric hospitals/units.

To fulfill these mandates, the Office is organized into three units: the Field Unit, the Training Unit and the Community Rights Unit.

The Field Unit

The ORR has field offices providing rights protection services to each of the six state hospitals and centers. As of September 30, 2008, the Field Unit consisted of a Field Manager, one Administrative Assistant, and ten Rights Advisors.

The Training Unit

The ORR Training Unit develops and presents instructional programs to consistently provide recipient rights protection services statewide. The Unit provides training to rights staff from DCH facility rights offices, licensed private hospitals/units, community mental health service providers (CMHSP) and contract agencies. These classes provide necessary skills so the rights of recipients in their jurisdictions will be fully protected. In addition, the Unit offers educational programs for persons, other than rights staff, who are involved in the recipient rights arena (Recipient Rights Advisory Committee and Recipient Rights Appeals Committee members, staff from other state and advocacy agencies, staff of service providers) and whose roles, although ancillary in nature, are essential to preserving and promoting the rights of recipients.

Another function of the Training Unit is to coordinate education provided by DCH-ORR staff in hospitals and centers operated by MDCH. These trainings are focused on meeting the mandate that all staff receive training on recipient rights within the first thirty days of hire, and adhering to the policy requirement that hospital and center staff receive annual in-service training. Education of consumers receiving services in DCH operated facilities on Mental Health Code protected rights is also a function of the DCH-ORR staff; the Training Unit provides oversight in this area as well.

The Community Unit

Section 755 of the Michigan Mental Health Code requires the establishment of an office of recipient rights in each community mental health services program. The code also requires that MDCH promulgate rules to establish standards for certification and the certification review process for CMHSPs. Administrative Rule 330.2801 requires the Department to assess compliance with certification standards by determining the degree to which all of the following provisions apply:

- The CMHSP has established processes, policies and procedures necessary to achieve the required result.
- The established processes, policies and procedures are properly implemented.
- The expected result of the processes, policies and procedures is being achieved.

The Mental Health Code also requires that DCH, through the ORR, review the CMHSP rights systems in order to “ensure a uniformly high standard of recipient rights protection throughout the state.”

The certification standards must include those for the protection and promotion of recipient rights (MCL 330.232a[1][b]). Although standards as to matters of CMHSP governance, resource management, quality improvement, service delivery and safety management may be waived by the Department in whole or in part as the result of the CMHSP's accreditation by a nationally recognized accrediting body, this is not the case relative to standards established by the Department in regard to the protection and promotion of recipient rights.

Accomplishments

In 2007 the Office of Recipient Rights was awarded a three-year grant from the Bazelon Center in Washington, D.C. With this grant, the Office of Recipient Rights in partnership with Kalamazoo Mental Health and Substance Abuse Services and Kalamazoo Psychiatric Hospital established the Peer Support Partnership Project. By using certified Peer Support Specialists, this project's goal is to promote the concept of recovery in a state-run psychiatric hospital.

To receive more information concerning Recipient Rights, call our Information and Referral Specialist at 517-373-2356, toll-free at 800-854-9090 or access our website at www.michigan.gov/recipientrights.

Public Health Administration

Office of Public Health Preparedness

The Office of Public Health Preparedness (OPHP) was formally established in 2002 to coordinate development and implementation of public health and medical management services, preparedness and response to acts of bioterrorism (BT), infectious disease outbreak and other public health emergencies. The mission of the office has expanded to encompass “all hazards” preparedness and response. This is accomplished by working within the department and other state agencies as well as with local and private partners. Funding for the preparedness program is provided exclusively through two federal cooperative agreements: the Centers for Disease Control and Prevention’s (CDC) Public Health Emergency Preparedness and the Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP).

Health preparedness encompasses a broad spectrum of providers, ranging from local public health, pre-hospital, hospital to end-of-life care. As such, local and state governmental entities must rely on private/non-governmental partnerships to accomplish prevention and mitigation, preparedness, response and recovery. The following initiatives, cross the spectrum of the National Response Framework.

MI-TRAIN

Michigan’s Learning Management System which contains a centralized, searchable database of courses relevant to public health, healthcare, and emergency preparedness. Through TRAIN, users have access to courses from nationally recognized course providers. There are over 10,000 course listings from over, 2600 providers of training. The courses on TRAIN are offered in the form of web-based learning, on-site learning, satellite broadcasts and more. A user can browse the course listing or perform a search by keyword, subject area, course provider, and competency, among others. Recently the Michigan State Police became a partner and will use this excellent system as well.

MI-VOLUNTEER REGISTRY

Since 2003, Michigan has followed an aggressive implementation plan to develop an all hazards registry for any citizen that wishes to volunteer in an emergency consistent with the national Emergency System for the Advanced Registration of Volunteer Health Professionals (ESAR-VHP). System upgrades and enhancements provide administrators and volunteers with the necessary functionality to operate effectively during the time of an event, or in preparation of an emergency. Volunteers are notified periodically throughout the year of opportunities to participate in conferences, trainings, and educational opportunities. As volunteers are identified to serve on local and regional strike teams, specialized training will be offered and recommended in accordance with their anticipated roles. The Medical Reserve Corps are also to be considered to help augment response teams, local public health initiatives, and provide assistance to existing local emergency teams. The registry currently contains over 5000 volunteers, 50% of which are licensed health practitioners. The website for the Michigan Volunteer Registry is: mivolunteerregistry.org

RISK COMMUNICATION STRATEGIES

As part of the local work plans, Michigan ensured that each jurisdiction has an operational risk communication plan. In 2009, state-level risk communicators traveled to each of Michigan’s preparedness regions to offer face-to-face risk communication training. In addition, MDCH has increased its use of new media and communication technologies to promote efficient risk communication to the public.

MEDICAL SURGE PLANNING

Michigan hospitals continue to plan and identify mechanisms to surge to meet a benchmark of caring for numbers of patients 20% above the average daily census within each hospital. It is recognized that support and strategies are best developed to support the care of injured persons within a traditional hospital setting. This is the first step in surging the current capacity of the healthcare system. Additional strategies move outside of hospital settings.

MODULAR EMERGENCY MEDICAL SYSTEM (MEMS)

In 2004, Michigan adopted the MEMS model. This included convening a statewide task force and developing a MEMS toolkit for consistent planning. Currently each region has identified, equipped, and implemented a regional Medical Coordination Center (MCC) and has the ability to standup Neighborhood Emergency Help Center(s) (NEHC) and Alternate Care Center (s) (ACC). The regional MCC is designed to be a NIMS-consistent Multi-Agency Coordination System (MACS) that emphasizes coordination among local/regional medical health agencies and works other emergency agencies. The regional MCC assists with the provision of a flexible, coordinated, uninterrupted health response and serves to support the healthcare system within Michigan.

MICHIGAN EMERGENCY PREPAREDNESS PHARMACEUTICAL PLAN (MEPPP)

The MEPPP is a statewide plan that contains information on current local, regional, state, and federal pharmaceutical caches established within Michigan. This plan is updated quarterly and available to the State Emergency Operations Center (SEOC) and Community Health Emergency Coordination Center. It provides critical information on the type of cache, target audience, content, deployment, and availability to ensure prompt identification and distribution of resources during an event

STRATEGIC NATIONAL STOCKPILE (SNS) PLAN

In March 2009, Michigan's SNS Plan received a score of 99% from the Centers for Disease Control and Prevention, proving that the state remains a public health preparedness leader. As an integral part of the state's preparedness, each local public health jurisdiction has an SNS plan that describes how they would provide emergency medications to the citizens of Michigan. Throughout 2008, state-level SNS Advisors provided on-site technical assistance to each local health jurisdiction to strengthen and support the local-level SNS plans. Each hospital developed and exercised their hospital-based SNS plan as well.

GREAT LAKES HEALTHCARE PARTNERSHIP

In 2008, the FEMA Region V states jointly hired a Great Lakes Healthcare Partnership Project Manager. This individual, physically located in Michigan, helps bring together seven disparate Healthcare Preparedness Programs in the region by promoting interstate coordination and cooperation in several key areas. This coordination of efforts increases the capacity and capability of each state when dealing with issues such as: mass trauma and burn surge, resource requests and typing (most medical equipment and supplies are not currently FEMA "typed"), as well as a myriad of other public health emergencies. Key to the success of the Great Lakes Healthcare Partnership is ongoing communication for which the project manager serves as the focal point.

LONG TERM CARE (LTC) OUTREACH

A multi-disciplinary committee with representatives throughout the state of Michigan developed a toolkit and DVD to assist this special population. This toolkit contains sample policies, procedures, and templates, such as hazard vulnerability assessments, mutual aid agreements, and an emergency checklist that a facility may utilize when putting together an emergency plan. Also included is contact information for representatives in their geographical area who are willing to help prepare emergency plans, such as a local health department Emergency Preparedness Coordinator, Local Emergency

Manager, or Regional Medical Bio-Defense Network Coordinator. Additionally, LTC facilities had access to ASPR HPP preparedness funds to support emergency response and pandemic influenza preparedness and exercising activities. This is working to solidify preparedness and relationships that support this special population.

MICHIGAN SCHOOL PREPAREDNESS AND RESPONSE CURRICULUM

In 2006, OPHP met with representatives from the Michigan Department of Education and Michigan Department of State Police, Emergency Management and Homeland Security Division, to develop a comprehensive Preparedness and Response Curriculum for all public and private/non-profit schools in Michigan. The curriculum will be integrated and aligned with the Michigan Model for Health®, a school health education program implemented in over 90% of Michigan's public schools and in more than 200 private and charter schools. The purpose of this curriculum is to empower children and support the educators with the knowledge, skills, and judgment to make smart decisions before, during, and after an incident.

MIHAN

The Michigan Health Alert Network (MIHAN) is an internet web-based system for immediate alerting and notification. The MIHAN has over 4,000 users from public health, hospitals, life support agencies, health clinics, emergency management, state departments, federal agencies and other partners. The MIHAN is able to send alerts through landline phones, cell phones, text pagers, 800 MHz radio systems and email. Users may identify three levels of alerting preferences in high, medium, and low alerts. This extensive network containing a document library accessible to members is the primary method for communications on a health related event.

EMSYSTEM / EMRESOURCE

This Internet based system, utilized within all of Michigan hospitals, allows for the collection of real time data indicating hospital bed status. When hospitals are alerted, the bed status is updated thus allowing Michigan to meet reporting requirement of hospital bed capacity within two hours of a request by the DHHS Secretary Operation Center. Some hospitals and preparedness regions utilize this system on a daily basis. Ventilator availability within hospitals is also collected and they system can be easily modified to request and capture other resources needed during an event. Users on the system are exercised at least monthly and the system has been successfully used during real Michigan events. This is an important tool used by each Regions Medical Coordination Center (MCC) to allocate resources and support medical surge strategies.

PATIENT TRACKING

Michigan has adopted a statewide pre-hospital triage tag which is compatible with electronic patient tracking initiatives. Each region continues to implement, train and exercise patient tracking systems to be used during a mass casualty event. This technology presents some challenges but efforts will continue.

MICHIGAN TRANSPORTABLE EMERGENCY SURGE ASSISTANCE (MITESA) MEDICAL UNIT

In 2007, Michigan purchased two interoperable mobile medical facilities from Western Shelter Systems that have the capability to join as a statewide 140-bed mobile facility. A 100-bed mobile facility is housed in Southeast Michigan, where a large majority of the state's population resides. In Southwest Michigan, a 40-bed mobile facility is stored in rapidly deployable trailers. A concept of operations is in final draft and the resource continues to be equipped as federal preparedness funding is available. Further activities will focus on strike teams and exercising within the jurisdictions and statewide.

MOBILE FIELD MEDICAL TEAMS

2009 is targeted for the identification of at least one mobile field medical team (consistent with FEMA resources typed definition) within each of the preparedness regions. These teams will be trained to support medical surge initiatives as noted above.

MICHIGAN MORTUARY RESPONSE TEAM (MI-MORT)

Established to provide the State of Michigan a mass fatality resource that could be readily deployed to any location in the State in response to an incident in which the number of fatalities had exceeded local or regional resources. The MI-MORT team consists of various professions including; forensic pathologists, forensic dentists, forensic anthropologists, funeral directors, x-ray technicians and many others. This team works to support the local Medical Examiner and ultimately the local, regional and state response by providing technical assistance and personnel to recover, identify and process deceased victims in a dignified manner.

DISASTER PORTABLE MORGUE UNIT (DPMU)

The unit contains the equipment and supplies necessary to initiate operations for a fully functional morgue. All materials are segregated into kits by section of use and are palletized in four trailers for truck transport. The DPMU is designed to be erected as needed inside of usable facilities. Additional mass fatality resources have been purchased and will be mobilized to Michigan's rural areas in the near future.

MICHIGAN EMERGENCY DRUG DELIVERY RESOURCE NETWORK (MEDDRUN)

This unique Michigan program provides standardized caches of medications and supplies to promptly treat approximately 100 casualties. These caches are located within Michigan's rotary air and select ground Emergency Medical Services (EMS) agencies to minimize deployment time. MEDDRUN rapidly delivers these medications and supplies to hospitals and on-scene incidents. Timing is often critical as the need to provide nerve agent antidotes is extremely time sensitive. These resources can be deployed to 90% of the State of Michigan in less than one hour of request.

CHEMPACK

CHEMPACK is a CDC-supplied, state-managed, supplemental source of pre-positioned, geographically dispersed, nerve agent (NA)/organophosphate antidotes and associated pharmaceuticals that will be readily available for use when local supplies become depleted. This large quantity resource is intended to have assets rapidly available to state and/or local emergency responders. This might be a second resource to the MEDDRUN assets (noted above) which is more quickly mobilized.

The Office of Public Health Preparedness continues to address and improve recovery of the healthcare sector, including the rehabilitation of personnel and equipment, re-supply and actions related to physical and financial restoration. Specifically, when care is delivered in an alternate care site center, a major area of concern will be the ability for health insurers to continue operations and have an established mechanism to compensate for care delivered in a non-traditional setting. For this reason, MDCH OPHP is leading a statewide, multidisciplinary workgroup to identify the key issues and begin to develop strategies to address issues. It is clear that as work continues on medical surge planning and adjusted standards of care, the work from this committee over the next 3 years will be critical in increasing the capacity and providing assurances for healthcare entities and providers impacted during an event.

Office of the Surgeon General—Generation with Promise

Seventeen schools with over 5,000 middle school students in five *Cities of Promise* received a \$25,000 grant from the Office of the Surgeon General to plan and implement changes to create healthier environments for students. 10 of the schools have received this award for three years; five have participated for two years and two schools joined GWP this year. The grant's goal is to empower middle school students in underserved communities to drive policy, environmental and youth behavior change related to healthy eating, physical education/activity, and a tobacco-free lifestyle. Additionally, 11 schools in the Governor's eight *Cities of Promise* serving 8,000 students received a smaller award (\$5,000) during the 2008-09 school year to implement changes in the same three goal areas; 10 are continuing during the current (2009-2010) year.

Tremendous progress has been made by Generation with Promise (GWP) schools. They have formed Coordinated School Health Teams consisting of the principal, physical education (PE) and health teachers, parents, persons from the community and representatives from various health-related organizations such as local public health departments. Teams completed MDCH's Healthy School Action Tool to identify areas needing improvement and then developed action plans consistent with priorities identified to offer students more opportunities to eat healthy, be physically active and enjoy a tobacco-free lifestyle. Schools purchased salad bars, smoothie machines and started school gardens. One school installed a drinking fountain in the gym to help students increase water intake. Breakfast participation improved after students worked with food service staff to offer more choices they enjoyed.

Student fitness assessments were conducted in the 16 schools. Baseline scores were low, supporting the need to improve aerobic endurance and increase muscular strength of youth in GWP schools. To help students be more active, PE equipment was purchased, walking paths or weight rooms were created, physical activity breaks were inserted before/during school. To increase fitness levels, PE teachers completed training to implement the Personal Conditioning module of the Exemplary Physical Education Curriculum (EPEC). Fitness assessment results in the spring of 2009 showed that both females and males increased their aerobic endurance (as determined by the PACER test) and muscular strength (as indicated by pushup scores). Self-efficacy was also evaluated using a survey; there were favorable increases on 15 of 34 variables.

To track nutrition and physical activity behaviors/attitudes, students (~1,900) completed the Middle School Health Survey, a short version of MDCH's Student Health Survey. Some findings included:

- More students reported learning about nutrition and healthy eating, the importance and benefits of physical activity and the risks of smoking.
- Fewer students watched TV or played video/computer games for >five hours daily.
- Students ARE making changes in personal eating behaviors, particularly in these areas: eating more fruits and vegetables, choosing more nutritious snacks, having less greasy/fatty foods and drinking more water.

GWP also includes a focus on improving leadership skills of students. Student Action Teams (SAT) were formed at all 17 schools and involved over 200 youth. Each spring students attend a Youth Summit in Detroit to learn how to advocate for health changes at their schools and to share successes with students/staff from other schools. For two years, members of these teams have attended workshops with staff from the University of Michigan School of Social Work to learn more about becoming health advocates and effective ways to compile and present information to others such as principals, school boards or their peers. SATs have driven positive changes in school meals, initiated exercise programs at school and created a district-wide 24/7 smoke-free policy. According to adult leaders, student members improved their leadership skills in all areas assessed.

The cultural competence component of GWP is in place to ensure that materials (EPEC and MI Model) and methods used are relevant for the diverse student population targeted in this project. The comprehensive evaluation, that is imbedded in all components of the project, indicates that at the end of the second year of programming GWP is making a difference in school environments and students are eating better, moving more and choosing a tobacco-free lifestyle.

Bureau of Laboratories

The Laboratory Services Program provides testing services to Department programs, to local public health agencies and to hospitals and physicians statewide. Testing services for chemicals and infectious diseases are provided to monitor disease activity and guide control measures.

Homeland Security-The lab performs testing to detect biologic and chemical threat agents. The laboratory, working with hospitals, private labs, the MSU Veterinary School Lab and local health departments, is a diagnostic network for rapid detection of biological agents in ill citizens. The laboratory also analyzes samples collected by law enforcement agencies in response to threats of intentional release of potentially lethal microbes. The lab supports the federal air monitoring program to detect release of Bioterrorism agents into the atmosphere. The lab is one of ten that are federally-designated to test humans exposed to chemical threat agents.

Infectious Diseases-The lab provides testing services for infectious agents of public health concern including West Nile virus, HIV, TB, influenza, Chlamydia, syphilis, tuberculosis, food borne diseases, and Hepatitis A, B and C. The lab monitors for the emergence of 'new' or unusual diseases by performing DNA testing on microbes to track the origins of disease and identifies control measures.

Environmental Risks-The lab monitors exposure to lead and other contaminants in Michigan residents by testing paint, dust and soil. The lab also tests fish commonly consumed by people who fish in Michigan to determine safe consumption levels.

Regional Labs-The laboratory program provides services and assures quality of testing in a network of public health labs throughout the state. The branch lab in the Upper Peninsula and Kent County, Kalamazoo County, Saginaw County and the City of Detroit public health agencies act as regional labs, and provide testing best delivered at the local level. The program provides oversight for testing performed in local health jurisdictions. The regional labs performed 107,657 tests in FY 09.

The Bureau of Laboratories processed over 300,000 specimens in FY 09 and performed 6,328,866 analyses and 125,543 newborn specimens were screened for genetic and metabolic diseases in 2009. Of the 48,935 children screened for lead poisoning, 3,752 were referred for follow-up due to elevated blood lead levels.

Newborn Screening

The program performs testing for all 50 of the primary and secondary disorders recommended the American College of Medical Geneticists. Each year, an estimated 200 Michigan babies with one of the disorders will be identified. Quality of life and life expectancy will be improved due to early diagnosis and comprehensive disease management.

The laboratory continues to seek ways to improve quality of testing and reporting services.

The laboratory continues to explore methods for making reliable results available to the infant's care provider in the shortest time from specimen collection. The laboratory is processing all 4 million archived dried blood spots so that they can be held in a dedicated storage facility without compromising the identity of the individuals from whom they were collected. The Michigan BioTrust for Health has engaged community partners to assure that any use of the stored specimen is consistent with community values and needs.

Laboratory Response Network

On April 15, 2009 the Centers for Disease Control and Prevention isolated a novel influenza strain from a California resident. By April 27, CDC had developed a test to confirm the strain which had rapidly spread throughout North America, including to Michigan. CDC dispatched the testing

materials to state public health laboratories on May 1. By May 5 the MDCH laboratory had received, been trained in, and proved proficiency in novel influenza H1N1 testing. The laboratory was able to provide rapidly respond to disease control needs by identifying population infected and assisting in understanding of transmission of the virus. In the first 9 months of the pandemic MDCH lab tested over 3,000 specimens. The timeline between first isolation and decentralized deployment of the H1N1 test is nothing less than astounding. By investing in the Laboratory Response Network, the states were able to support their own testing needs, leaving CDC resources for applied research and advanced testing capabilities. It is one of the shining public health successes of the 2009 H1N1 pandemic.

Chronic Disease and Injury Control Programs, 2009-2010

Arthritis Control Program

Arthritis is the leading cause of disability in the United States, with 31% of Michigan adults over 18 diagnosed with arthritis. The program's goals include: 1) implementing evidence-based programs in arthritis self-management and physical activity; 2) conducting surveillance and disseminating information that leads to increased awareness and understanding of the burden of arthritis; and 3) implementing the Strategic Plan that focuses on expanding reach in program participation, applying social marketing to program goals, improving quality and access to care, and developing resources to sustain the partnership efforts. Implementation of the Stanford Chronic Disease Self-Management Program (a.k.a. PATH Program) and Enhance Fitness, a physical activity program, are the centerpieces of the grant activities. Both programs have proven benefits for people with arthritis and other chronic conditions including reducing pain and improving quality of life.

Asthma Control Program

The Asthma Control Program is a joint collaboration between the Bureau of Epidemiology and the Division of Chronic Disease and Injury Control. The program's goals include: reducing the burden of asthma in Michigan by identifying and eliminating asthma disparities, assessing the asthma burden and response, supporting awareness of and partnerships to address asthma, improving systems of asthma care, reducing barriers to self-management in people with asthma, and reducing exposures to environmental factors that cause and/or exacerbate asthma. See www.GetAsthmaHelp.

Breast and Cervical Cancer Control Program

The Breast and Cervical Cancer Control Program (BCCCP) provides screening services and diagnostic testing, when indicated, for breast and cervical cancer. In Michigan, services are available statewide with more than 29,000 uninsured or underinsured women screened for these cancers each year. If a breast or cervical cancer is diagnosed, a woman may be eligible for Medicaid for her treatment requirements.

Colorectal Cancer Screening Program

This lifesaving program offers free colorectal cancer screening services to low-income, uninsured, and underinsured women enrolled in the BCCCP. Screening is conducted using fecal occult blood tests with a colonoscopy for those with abnormal screening results. The program provides services to nearly 1,000 women in 30 counties.

Comprehensive Cancer Control

Comprehensive Cancer Control is a collaborative process through which a community pools resources to reduce the burden of cancer that results in risk reduction, early detection, better treatment, and enhanced survivorship. Over 110 public and private member organizations in

Michigan work together to maximize their combined resources and leverage new resources to reduce cancer morbidity and mortality. Efforts are focused on specific cancers (breast, cervical, colorectal, prostate, lung, and ovarian), because current science and technology support public health interventions that can reduce the burden of these cancers and improve the health of Michigan residents. Significant activities are currently underway to address prostate cancer, the cancer most commonly diagnosed in Michigan men. These activities include the development of multilingual patient education materials and resources to help providers better manage side effects from prostate cancer treatment in men.

Dementia Control Program

The Dementia Program coordinated community, university, and government partnerships serving over 10,000 people to increase earlier detection and treatment in primary care; increase public awareness of the early warning signs of dementia; and support caregivers with information, education and assistance.

Diabetes Prevention Program

Over 2 million Michigan adults have prediabetes (2007 data), with most still not diagnosed. The program's accomplishments include: 1) integration of diabetes prevention activities into a WISE-WOMAN pilot project in Lenawee County; 2) expansion of glucose testing to all 11 WISEWOMAN programs in the state; 3) creation of a 5-session diabetes prevention course to be used by WISEWOMAN and other programs reaching audiences at high risk of diabetes; 4) trained WIC educators to promote diabetes prevention to at-risk women and developed material for the WIC educator guidebook; 5) provided staff support for the Northern Michigan Diabetes Initiative; 6) provided one-day instructor training sessions statewide to deliver the prevention course; and 7) convened cardiovascular and diabetes agencies in Western Michigan to integrate prevention messages.

Diabetes Control Program – Types 1 and 2

As of 2007, an estimated 648,100 Michigan adults had diagnosed diabetes and an estimated 279,100 other adults had diabetes but were not diagnosed. The program's goal is to reduce morbidity and mortality due to diabetes and its complications and to prevent or delay its onset. The program works through partnerships to improve diabetes care, detection, treatment and self-management education. Community health programs include ones with lay leaders that promote healthy lifestyle changes with African-American populations such as Healthy Hair, Dodge the Punch and Healthy Families. The Diabetes Partners in Action Coalition is a partnership of over 100 individuals and organizational representatives who work to reduce the impact of diabetes. Through the 'Improving Performance in Practice' project, the program worked with 35 primary care practices to provide the tools, systems, and support they need to undertake continuous quality improvement related to diabetes care. The program also supports and certifies for Medicaid reimbursement a statewide network of diabetes self-management education programs.

Health Promotion for People with Disabilities

Between 2001 and 2006, the number of Michigan adults who were considered to be disabled increased by 375,000. Adults with disabilities report much higher rates for certain chronic diseases such as asthma, depressive disorders, diabetes, and arthritis than their nondisabled counterparts. This program is building capacity to address health promotion for people with disabilities, especially via integration into existing initiatives. A state advisory council has developed a strategic plan that focuses on: 1) access to health screening and health care; 2) improving the effective response of

health providers to people with disabilities; 3) integrating disability into health promotion programs; and 4) promoting management by people with disabilities of their own health and behavioral risks. An action and implementation plan has been developed in each area. Initiatives include implementation of the PATH Program at Centers for Independent Living, dissemination of program for health professionals promoting access to care, and continued promotion of health programs to people with disabilities through newsletters and a web site.

Healthy Communities Program

The Healthy Communities Program has provided grants and tools to 23 local health departments covering 28 counties to implement changes supporting healthy eating and increased physical activity, and impacting over 3 million residents. Funded communities leveraged more than \$1.8 million in additional funding. Examples of community interventions include: bike paths, walking routes, farmers' markets and community and school gardens. The program provided grants and/or technical assistance to 800 low-income schools to conduct assessments and implement changes to improve healthy eating, health education, and physical activity for over 370,000 students and families.

Heart Disease Control Program

The Heart Disease Program provides funding to enable 15 cardiac rehabilitation programs to participate in a continuous quality improvement project; and supports 7 hospitals targeting over 1,000 patients to improve the care provided to heart failure patients.

Kidney Disease Prevention and Control Program

Chronic kidney disease is a serious public health problem rapidly approaching epidemic proportions. More than 940,000 Michigan adults have chronic kidney disease but most are completely unaware of their condition. For over 20 years, the program has partnered with the National Kidney Foundation of Michigan (NKFM) to develop and implement a statewide strategic plan for the prevention, early detection, and control of chronic kidney disease. Examples of innovative NKFM prevention programs include: 1) "Healthy Hair Starts with a Healthy Body" and "Dodge the Punch" - salon and barbershop chats with health trained stylists and barbers to promote healthy lifestyle behavior changes; 2) school-based programs that educate at-risk youth on kidney health and health promotion; and 3) a Head Start-based program called "Healthy Families" that teaches Head Start children and their parents about nutrition, exercise and making healthy lifestyle choices.

Obesity Prevention and Control Program for Children

Childhood obesity program efforts focus on: educating providers on prevention and treatment of childhood obesity, with a special focus on Medicaid recipients; partnering with 29 Head Start Centers in southeastern Michigan to improve healthy eating, increase physical activity and reduce TV time; providing access to fresh produce and vegetables in urban and rural underserved areas; developing state nutrition standards for schools; and assisting communities to make it easier for children and families to incorporate physical activity into their daily lives.

Primary Care Consortium

The Michigan Primary Care Consortium represents a diverse partnership of >100 major organizations involved in primary care, public health, businesses, consumers, universities and other key stakeholders, working together to resolve the system barriers that impede physicians and other primary care providers from consistently offering evidence-based prevention and chronic disease management services to the patients they serve. Priority areas for collaboration and action include: transformation of practices to Patient-Centered Medical Homes, payment reform to re-align payment for primary care services with value not volume of care; activation of consumers to engage in their own health management; and rebuilding of the shrinking primary care workforce. See www.mipcc.org.

Rape Prevention and Education Program

This program works with state and local partners to build Michigan's capacity to prevent first-time perpetration and victimization related to sexual violence and to promote respectful, healthy relationships based on identification of risk and protective factors in priority populations.

Stroke Prevention and Management Program

The Stroke Program has expanded its stroke registry and quality improvement program, working with 36 hospitals to improve response time and appropriate treatment for acute stroke, reaching 7,265 patients. The program collaborates with community organizations to improve awareness of risk factors and signs and symptoms of heart attack and stroke, reaching 1.5 million people including urban areas with high risk populations. Its hypertension control efforts include working with community organizations to educate, screen and refer high risk populations for control of hypertension, the leading risk factor for stroke. The program also has worked with health care providers and managed care organizations to improve blood pressure treatment and control for 15,000 patients.

Suicide Prevention Program for Children and Youth

This program focuses on reducing both completed and attempted suicide among 10-24 year-olds in Michigan. The program provides grants, technical assistance and training to local communities, builds state level capacity across departments, and conducts comprehensive evaluations.

Smoke-free Policies Program

This program develops and implements evidence-based public policies, promoting awareness of the hazards of secondhand smoke exposure and protecting nonsmokers from exposure. The Tobacco Program also is charged with enforcing Part 126 of the Michigan Smoke-free Air Law.

Tobacco Dependence Treatment Program

This program assists people to quit tobacco use by offering telephone counseling services and free nicotine replacement therapy (to eligible callers) through the Michigan Tobacco QuitLine (1-800-QUIT NOW). The program also promotes cessation and resources to assist smokers quit through a statewide media campaign and efforts of local contractors.

Tobacco Reduction Program: Eliminating Disparities, Moving toward Health Equity

This program dedicates funding annually to organizations that serve communities of color and other populations disparately affected by tobacco use to reduce disparities via appropriate interventions for their populations.

Tobacco Use Prevention in Youth

This program promotes 24/7 smoke-free school policies throughout the state, promotes other policies that reduce the social acceptability of smoking, and reduces youth access to tobacco products.

Child Passenger Safety (CPS) Education Program

The goal of this Michigan program is to reduce motor vehicle injuries to children under age 8 by conducting CPS trainings and child safety seat check up events, dissemination of educational materials for parents and caregivers, and coordinating and compiling pertinent information on child safety seat resources.

SAFE KIDS Program

State and local Safe Kids Coalitions in Michigan work to create an environment where children 14 and under are free from accidental injury. This is accomplished through community partnerships,

advocacy of best practices, public awareness, distribution of safety equipment, and education and training on the proper use of safety devices.

Teen Driving Safety Program

This new program in Michigan provides a website and a promotional campaign designed to encourage and support the role of parents in keeping their teens safe on the road.

Violent Death Reporting System

Michigan data on violent deaths are collected from death certificates, police reports, medical examiner reports, and crime laboratories, and analyzed to identify comprehensive answers to the questions that surround violent death: who, what, when, where, and, in many cases, why. This will provide insight into the potential points for intervention and ways to improve and evaluate violence prevention efforts in the state.

WISEWOMAN Program

The WISEWOMAN program provides chronic disease risk factor screening and lifestyle interventions to women enrolled in the Breast and Cervical Cancer Control Program. Based on identified risk factors, WISEWOMAN clients are empowered to make positive lifestyle changes with their nutrition, physical activity, and smoking behavior. This program is available to 3,800 women in 20 Michigan counties.

BUREAU OF EPIDEMIOLOGY (BOE)

Division of Immunization

The Division of Immunization is responsible for all immunization activities within MDCH, including acquisition and distribution of vaccines, outreach and education to all local health departments for Immunization Action Plan (IAP) activities, and coordination and oversight of the Vaccines for Children (VFC) program that provides free vaccine for children (18 years of age and younger) who meet certain need criteria.

The Division is also responsible for surveillance of all vaccine-preventable diseases and provides monthly case reports. The Division assists with or provides technical assistance on disease investigation and outbreak control. Vaccine adverse event reporting for the State is facilitated by the Division for all vaccines including 2009 H1N1 influenza vaccine. The Division operates a Perinatal Hepatitis B prevention program to protect a newborn from contracting Hepatitis B virus from an infected mother.

Michigan's childhood immunization rates have increased dramatically over the last decade. In 1994 Michigan had the lowest immunization rates in the country based on the National Immunization Survey (NIS). The 2008 NIS rates show Michigan at a 74.5% complete level for children 19-36 months of age.

The Division has undertaken many efforts to enhance education and communication, including a newsletter distributed to over 6,000 providers, eight regional immunization update conferences, and a toll-free immunization information number which is available 24 hours a day. The Division makes Immunization Nurse Education and Physician Peer Education programs available to educate and update health care providers.

The nationally-recognized Michigan Care Improvement Registry (MCIR), in use since 1998, consolidates immunization information from multiple providers, preventing over-immunization and allowing providers to access immunization histories. More than 6.1 million persons are currently

included in MCIR and more than 74 million doses have been entered by over 5,415 active provider sites.

The Division played an integral role in the response to the 2009 H1N1 pandemic. As of March 17, 2010, the Division has ordered and distributed more than 2.7 million doses of 2009 H1N1 vaccine and more than 1.5 million doses have been entered into the MCIR. In addition, 3,628 providers have been enrolled and trained in the H1N1 vaccination program. Finally the Division was responsible for influenza-like illness surveillance throughout the state providing weekly reports and during heightened surveillance, daily reports.

Accomplishments in 2009:

- o Michigan's vaccine distribution system - which works in conjunction with the VFC program – was changed to a centralized ordering and distribution system in 2008. Under the new distribution program, all VFC providers are now enrolled and trained in the Vaccine Inventory Module (VIM) in the Michigan Care Improvement Registry (MCIR).
- o In the fall of 2009, MCIR's All Hazard Event module was activated for the reporting of administered doses of H1N1 vaccines. H1N1 antiviral medications that were dispensed to individuals were also reported in MCIR during the pandemic.
- o The Communicable Disease Rules were revised as of January 1, 2010. Under the new rules, 2nd dose of varicella vaccine, meningococcal vaccine, and Tdap vaccines will be required age appropriately for school children. The Division is supporting the implementation of these new school rules with educational materials; these materials have been disseminated to all school districts throughout the state and are also posted at: www.michigan.gov/teenvaccines.
- o During the 2009 H1N1 Influenza Pandemic, the Division collaborated with the Office of Public Health Preparedness to ensure that information was disseminated to local health departments, other partners and the general public throughout the pandemic. Educational H1N1 materials were made available to health care personnel and the public. The State's flu website (www.michigan.gov/flu) was invaluable during the pandemic. The H1N1 Influenza Vaccine Provider Toolkit, prepared by the Division of Immunization, contains links to resources for Michigan providers participating in the Influenza A (H1N1) 2009 Monovalent Vaccination Program. The toolkit is targeted to health care personnel who provide influenza vaccine.

Web addresses or toll-free numbers

- o 1-888-76-SHOTS
- o www.michigan.gov/immunize; www.michigan.gov/teenvaccines; www.michigan.gov/yellowfever (travel vaccines); www.michigan.gov/vfc; www.michigan.gov/hepatitisB; www.michigan.gov/flu; www.mcir.org

BOE, Communicable Disease Division

The mission of the Communicable Disease (CD) Division is to ensure the health and well-being of Michigan residents through education, technology and the epidemiological process; with local, state, federal and international partners, to promote data-driven decisions, and to detect and prevent communicable diseases. The Division tracks many infectious diseases and conditions, responds to outbreaks, and prepares for public health emergencies.

The CD Division led the efforts to track and map the cases of illness associated with the Novel A (H1N1) Influenza Pandemic that spread rapidly around the globe in the Fall of 2009 and into the Spring of 2010. Almost 700,000 cases of influenza-like illness were reported in Michigan in 2009; 122,660 cases reported in 2010 to date. A large number (>560) of schools were closed in Michigan during the pandemic. The CD Division teamed up with the CDC to conduct three research studies designed to examine the causes and impacts of these school closings. In addition, our investigators collaborated with healthcare providers to identify obesity as a risk factor for severe H1N1 influenza

illness.

A new Unit was created in the CD Division, the Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit. The SHARP Unit is helping to coordinate state-wide efforts to reduce the number of healthcare-associated infections and the transmission of drug resistant pathogens. The Unit extensively investigated the 8th case of Vancomycin-Resistant Staph aureus in Michigan (10th case in the world).

We continue to expand our existing state-of-the-art electronic disease surveillance and reporting systems, and contribute to the education of the next generation of public health professionals via several teaching and mentoring opportunities.

We routinely conduct surveillance for, or respond to, unusual cases or clusters of illness including rabies, meningitis, norovirus, E. coli, Salmonella, Shigella, Legionnaire's disease, West Nile virus, Lyme Disease, HIV, Viral Hepatitides, Tuberculosis, MRSA, and other common or newly emerging organisms.

Websites for the public:

Various reports about Infectious Diseases in Michigan can be found at: <http://www.michigan.gov/cdinfo>

Emerging Diseases - <http://www.michigan.gov/emergingdiseases>

Influenza - <http://www.michigan.gov/influenza>

BOE, Division of Environmental Health

The Division consists of four Sections. The Healthy Homes Section (HHS) administers the Lead Safe Home Program to make homes lead-safe for lower income families; administers the Healthy Homes University Program to reduce the incidence of asthma and unintentional injuries among at risk populations; certifies lead abatement inspectors, risk assessors, abatement workers, supervisors, clearance technicians, abatement contractors and accredits training providers; and conducts enforcement of lead professional activities. Staff also oversees the Lead Safe Housing Registry (www.michigan.gov/ismyhomeleadsafe).

The Chemical Terrorism and Emergencies Preparedness Section supports the planning, preparedness, and response to chemical exposure events (CEEs), both accidental and intentional, that pose a threat to human health. The Section has programs in public health surveillance for early detection of CEEs, industrial hygiene and toxicology consultative services, and education and outreach about hazards. Surveillance for chemical exposures includes the Hazardous Substances Emergency Events Surveillance (HSEES) system, which tracks all chemical spills in the state; case-based surveillance systems based on mandatory public health reporting of pesticide illness and injury and laboratory reporting of clinical tests for mercury, arsenic and cadmium.

The Epidemiology and Surveillance Section addresses health concerns related to environmental and workplace hazards in Michigan. With the Occupational and Environmental Medicine Division, College of Human Medicine, MSU, this program collects, analyzes, and distributes information about occupational injuries and illnesses and works with other agencies and organizations to use the data for prevention activities. More information about occupational health and links to the products available from this program including a strategic plan, and summary information on 13 existing data sources which can be used for public health surveillance is available at http://www.michigan.gov/mdch/0,1607,7-132-2945_5105-115349--,00.html. Products in the last year include the 2008 annual report on occupational pesticide illnesses and injuries, updated data on Michigan Occupational Health Indicators, and peer reviewed publications on work-related noise-induced hearing loss and work-related asthma.

The Toxicology and Response Section (TARS) conducts public health assessments at environmental contamination sites in Michigan to prevent or reduce human exposure to hazardous substances. TARS staff work with local health departments, the Michigan Department of Natural Resources and Environment and the United States Environmental Protection Agency (EPA), as examples. TARS

activities include public health assessments and consultations, exposure investigations, health education, and follow-up health investigations and studies. (See related documents at www.michigan.gov/mdch-toxics). TARS staff also develops and issues health advisories, including the Michigan Family Fish Consumption Guide (www.michigan.gov/mdch) and 2008 Wild Game Advisories. Staff also maintains strong partnerships to address indoor liquid mercury releases and coordinates workshops to provide training and resources to local health agencies, hazmat teams, and other groups so that mercury spills are handled efficiently and public health risk is minimized. TARS staff is involved in many educational endeavors. Toxicologists answer questions about chemical exposures in non-workplace settings and workplace settings where chemicals are not addressed under occupational standards (e.g., a spill of liquid mercury in a medical office). The Division maintains a toll free hotline at 1-800-MI-TOXIC (1-800-648-6942) to answer questions regarding chemical exposures.

BOE, Division of Genomics, Perinatal Health, and Chronic Disease Epidemiology

The Division mission is to provide statewide leadership and expertise essential for integrating genomics, which encompasses newborn screening (NBS) and birth defects follow up programs, as well as epidemiologic science into maternal, child health, chronic disease and other related public health programs. That is accomplished through:

- Follow-up of individuals with heritable disorders through the follow up component of the statewide Newborn Screening (NBS) program
- Monitoring of risk factors and population health through surveillance and case review systems; Routine epidemiologic surveillance is conducted to document trends and to assess disparities in morbidity, mortality, and costs in disease topic areas including but not limited to cardiovascular, asthma, diabetes, arthritis, osteoporosis, and for different populations from infants, children, pregnant women, childbearing age women and men to elderly.
- Evaluation of the impact of health programs, interventions, and services
- Promotion of translation of research and evidence based prevention strategies into public health policy and practice

Two major surveys funded by the Centers for Disease Control and Prevention, Behavioral Risk Factor Survey (BRFS) and Pregnancy Risk Assessment Monitoring System (PRAMS), are housed and administered in this Division. The Division also assists in the department's response to enquiries regarding local adverse health events (disease clusters), and collaborates on the development and enhancement of surveillance indicators and systems.

Milestones/Accomplishments

Accomplishments over the last three years (2006-2009) ranged from presentations and publication of reports, newsletters and manuscripts based on epidemiological studies findings to receiving federal grant awards and, most importantly, assisting in the development and implementation of different policies. More information can be found on the Division website: <http://www.michigan.gov/dgphcde>

Bureau of Family, Maternal, and Child Health

CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS)

The CSHCS program provides specialty health care coverage, care coordination and other support services for the medical care and treatment of children and certain adults with one or more of the approximately 2,500 CSHCS qualifying conditions. CSHCS strives to enable individuals with special health care needs to have improved outcomes and an enhanced quality of life through the appropriate use of the CSHCS system of care. The goals of the program include:

- Assist individuals with special health care needs in accessing the broadest possible range of appropriate medical care, health education and supports.
- Assure delivery of these services and supports in an accessible, family-centered, culturally

competent, community-based and coordinated manner.

- Promote and incorporate parent/professional collaboration in all aspects of the program.
- Remove barriers that prevent individuals with special health care needs from achieving these goals.

Delivery System

The CSHCS system of care includes partners at both the state and local levels serving approximately 36,000 clients per year. **The State CSHCS program** establishes policy and determines client eligibility, approves appropriate providers/facilities assuring families are receiving the most appropriate care for their child's specific diagnosis, and provides the health care coverage necessary to reimburse providers. **Local Health Departments** (LHDs) are the face of CSHCS in every county in Michigan and in the City of Detroit. LHDs provide direct support to local CSHCS enrollees and provide input to CSHCS policy development and revision. **Community health care providers** (hospitals, clinics, physicians, therapists, etc.) deliver care as approved by MDCH/CSHCS. Community providers include in- and out-of-state medical and health care providers and the Children's Multidisciplinary Specialty (CMS) clinics. These clinics give families care specific to the child's diagnosis in a one-stop setting. All of the above services and supports are planned, developed and implemented in concert with the **family**, and the **individual client** (involvement as a full partner in the system of care depends on the age and ability of the client).

Web Address and Toll-Free Telephone Number: www.michigan.gov/cshcs
1-800-359-3722

Accomplishments

- Five-year Strategic Planning process in April of 2007 that included over 100 partners from across the state including families, clients and providers.
- Conversion of the CSHCS data system to a web-based application, thereby allowing LHD partners direct access to CSHCS enrollee information in their jurisdiction.
- Establishment of medical home pilots for children with special health care needs.

DIVISION OF FAMILY AND COMMUNITY HEALTH REPRODUCTIVE HEALTH UNIT

Family Planning: Services provided: general health assessment, screening, contraception, pregnancy detection, infertility services, client and community education, and follow-up and referral for both females and males. Local family planning agencies are allocated public funds. Services are delivered through local health departments, Planned Parenthood affiliates, hospitals, and private non-profit agencies. In FY2008-09:

- Served 124,721 family planning users in the program. Over 96% of those served were living at or below 250% of poverty.
- Screened 52,844 female teens and women for cervical cancer.

www.michigan.gov/familyplanning

Plan First! Public Health Support: Family planning services (preventative health care) provided at no cost to participants. Through Plan First!, MDCH offers family planning services to women 19 through 44 years of age who are not currently Medicaid eligible; have family income at or below 185% of the federal poverty level, reside in Michigan and meet citizenship requirements. DHS determines program eligibility. www.michigan.gov/planfirst

Prenatal Smoking Cessation: Training and support for care providers and staff to reduce smoking in pregnant smokers who are receiving health services in prenatal programs. Uses the intervention model, "Smoke Free for Baby and Me," trains to assess stages of readiness to quit smoking and delivers clear, strong, personalized, and consistent intervention messages. www.michigan.gov/mdch/0,1607,7-132-2942_4911_4912-12609--,00.html

Maternal and Child Health Hotline: 1-800-26-BIRTH (2-4784) Prenatal and maternal support services for anyone living in the state of Michigan. Offers callers resources and referrals for prenatal and well child care and mental health and substance abuse service. www.nso-mi.org/etsspc.php

PERINATAL HEALTH UNIT

Fetal Alcohol Syndrome Prevention: Fetal Alcohol Spectrum Disorders (FASD) is addressed through: prevention; awareness and access to services by: multidisciplinary teams called Centers of Excellence that diagnose children and provide initial care planning; community projects that provide local prevention and linking to services projects; and training and consultation that assist these agencies in their work. The outcome is to decrease this preventable disorder and enhance the quality of life for affected individuals /their families and lessen the social and economic impact of FASD in Michigan. www.michigan.gov/mdch/fas

Infant Mortality and Morbidity: Activities designed for prevention and reduction of infant mortality/morbidity and elimination of racial disparities in infant death rates. The creation and Implementation of the MDCH Infant Mortality Strategic Plan will help drive this process identifying several existing programs that operate to address contributing factors to the causes of infant mortality. <http://www.michigan.gov/mdch/0,1607,7-132-2942-194244--,00.html>

Local Maternal and Child Health: Flexible funds from the Federal Title V/Maternal and Child Health Block Grant made available to local health departments to address locally identified health needs of women and children in their jurisdictions. Each local health department uses both a defined needs assessment process to determine/identify their MCH needs and also identifies which of the 18 priority MCH measures established by the MCH Bureau of the Department of Health and Human Services and 8 measures established by MDCH that their plan addresses.

Maternal Mortality Surveillance: A program of surveillance of maternal death data and trends, case reviews and development of prevention recommendations based on analysis of data and case review findings to reduce Michigan's maternal deaths, illness and complications and decrease the black/white mortality disparity.

Maternal Infant Health Program: Provides case management and support services to pregnant women and infants enrolled in Medicaid to improve maternal and infant birth outcomes. www.michigan.gov/mihp

Nurse Family Partnership (NFP): An evidence-based home visiting program that improves the health, well being and self sufficiency for low income, first time moms and their infants. In FY 2009, the NFP program enrolled and provided services to 129 individuals. State funding was terminated June 30, 2009.

Pre/Interconception Health: Promotion of health education, screening and interventions for women of reproductive age to reduce risk factors that affect future pregnancies. Local contractors served approximately 218 women or 79% of their goal of 275 enrolled women for the three quarters of FY 09 that was funded (10/01/08-06/30/09). The Interconception Care Program was terminated June 30, 2009.

Medicaid Outreach/Access to Health Care: Federal funding match available to local health departments to support their local activities to facilitate outreach, public awareness, enrollment, access, monitoring and referrals for Medicaid services.

Perinatal Regionalization Support: Support for the reestablishment of a system for regionalized perinatal care consistent with evidence-based guidelines to clearly define levels of care designations and collaboration among regional health care providers providing services to women, neonates/ infants and families to reduce infant mortality.

INFANT HEALTH UNIT

Early Hearing Detection and Intervention (EHDI) Program: No later than one month of age, all newborns are screened for hearing loss. Infants who screen positive have a diagnostic audiologic evaluation no later than 3 months of age and if identified with hearing loss receives early intervention services no later than 6 months of age. (*Michigan Hands & Voices* and *Guide By Your Side Program* are also supported under this program.) www.michigan.gov/ehdi

Safe Delivery: Targets desperate parents, encourages the placement of their newborns in a safe environment; allows for the anonymous surrender of an infant (within 72 hours of birth) to an Emergency Service Provider without the expressed intent to return for the newborns without fear of prosecution and to make the child available for adoption.

Infant Death Prevention & Bereavement: Train and support human service workers to deliver bereavement counseling, education, advocacy and support services for families who have lost a child to death. Promote the availability of these services to medical examiners, hospitals, local public health departments, Fetal and Infant Mortality Review teams and local child death review teams for referrals for identified families.

Safe Sleep: Promote the delivery of a statewide, consistent, comprehensive message and strategy to inform families and caregivers about unsafe sleep practices. Infant deaths that happen during sleep occur largely between one month and one year of age and account for approximately 30% of all infant deaths. Sleep-related deaths account for most of those deaths impacting the overall infant mortality rate. www.michigan.gov/dhs/0,1607,7-124-5452_7124_47340--,00

Fetal Infant Mortality Review: Provides technical assistance and training to local multidisciplinary teams that review cases of fetal and infant death to identify factors and implement improvements in systems of maternal and infant care. Locally, a community-based approach brings together local health providers, consumers, advocates and leaders to implement and address identified factors and recommended improvements. In FY 2008-09:

- Sixteen local teams reviewed a total of 243 cases and accomplished 98 maternal home interviews.
 - Healthy Michigan Funds supported 175 case abstractions in preparation for local review.
- www.michigan.gov/mdch/0,1607,7-132-2942_4911_4912-12563--,00.html

CHILD HEALTH UNIT

Hearing Screening Program: Through the mandated Hearing Screening Program, local health department technicians provide screening and referral services at no cost to over 520,000 children in preschool, K, 2, 4 grades, across public, private, and charter schools as well as preschool programs and child care centers. Some local health departments also host Otology clinics in which a child needing follow-up from their screening is able to see an otologist and audiologist free of charge. Over 2,000 children are seen each year at the clinics.

www.michigan.gov/hearingscreening

Vision Screening: The Vision Program provides screening and referral services for over 850,000 children in Michigan. Mandated by the Public Health Code, local health departments provide screening services at no cost for preschool, grades 1, 3, 5, 7 and 9 or in grades 1, 3, 5, 7 and in

conjunction with driver's education when offered by the school they attend. Services are provided in public, private, and charter schools as well as preschool programs and child care centers. www.michigan.gov/visionscreening

Childhood Lead Poisoning Prevention Program (CLPPP): Work with local public health agencies in targeted communities to reduce lead poisoning in children younger than six years of age through education and outreach, blood lead screening and testing, data surveillance and tracking, primary prevention activities. Local health departments are partners in policy development and program management, quality assurance, and evaluation.

- In calendar year 2009, 154,291 children under 6 years of age tested for lead poisoning. The number of children tested each year continues to increase with the number children poisoned decreasing. This trend continued in 2009, with a slight increase in testing and a 17% decrease in the number of children with confirmed elevated blood lead levels.

www.michigan.gov/leadsafe

Public Health and Early On®: Public Health collaborates with the Michigan Department of Education to manage and implement a statewide comprehensive, coordinated interagency system of early intervention services for infants and toddlers birth to age three years with disabilities and their families. www.michigan.gov/mdch/0,1607,7-132-2942_4911_4912-12605--,00.html

Early Childhood Comprehensive Systems (ECCS): supports the development and implementation of an integrated approach to early childhood across agencies at state and local levels. Working collaboratively across DCH, ECIC, and other key agencies and partners, the grant will inform policy and finance reform to advance the strategic priorities for each critical component of the early childhood system, and use research, educational events and collaborative relationships to build the case for long term investment in the early childhood arena.

Project LAUNCH (Linking Actions for Unmet Needs in Child Health): Funded by SAMHSA to use evidence-based practices to improve collaboration amongst child-serving organizations and integrate physical and mental health services and supports for children and their families. The project promotes the wellness of young children from birth to 8 years of age by addressing the physical, emotional, social, cognitive and behavioral aspects of their development; healthy growth in each of these areas prepares children to thrive in life.

Child Health Improvement: The Child Health Unit is engaged in a number of efforts to improve children's health, including: increasing the use of developmental screening tools among primary care providers during well-child care visits; and fostering collaboration between state agencies to increase the number of eligible children receiving screening, diagnosis, and necessary treatment services through EPSDT, which is a benefit of Medicaid.

ADOLESCENT AND SCHOOL HEALTH UNIT

Child and Adolescent Health Centers: Designed for school aged children and youth 5 through 21 years of age aimed at achieving the best possible physical, intellectual, and emotional status. These clinical and non-clinical centers provide comprehensive primary care services, health education, peer counseling, screening/case finding services, referral for specialty care, Medicaid outreach services and/or health related community awareness activities. www.michigan.gov/cahc

Coordinated School Health: Eight interactive components working together to provide a coordinated approach to school health: Health education; Physical education; Health services; Staff Wellness; Family & Community Involvement; Healthy School Environment; Nutrition Services; Counseling,

psychology, & social services.

Efforts in coordinated school health have led to a greater understanding of the inextricable link between health and academic achievement. Funding, technical assistance, and professional development opportunities for districts has resulted in more Michigan schools implementing a coordinated school health model to address the needs of the whole child, which include: health and physical education; healthy food and plenty of physical activity throughout the school day and beyond; access to medical, dental, and mental health care; a school environment that is supportive and safe; teachers who are healthy and ready to teach; and families and communities taking an interest in their local schools. www.michigan.gov/mde

Michigan Model for Health®: Is a nationally acclaimed comprehensive school health education program that facilitates skills-based learning through a variety of teaching and learning techniques, skill development and practice, and building positive lifestyle behaviors in students and families. Classroom instruction using the Michigan Model addresses the physical, mental, emotional, and social dimensions of health; develops health knowledge, attitudes, and skills; and is tailored to each age level. Designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors.

- Fully updated and revised lessons are available for grades K-6.
- A two-year, randomized control study of the *Michigan Model for Health®* was conducted during the 2006/2007 and 2007/2008 school years. It included over 2,500 students and 300 teachers in more than 50 school buildings in Michigan and Indiana. The study results found significant differences between students who received the Michigan Model for Health® curriculum versus those who did not. Specifically, the findings indicated better drug refusal skills, interpersonal communication skills, social emotional skills, self-management skills, as well as knowledge and skills in physical activity and nutrition among Michigan Model for Health® students compared to their counterparts. In addition, the study found lower intentions to use alcohol and tobacco, less use of alcohol and tobacco in the past 30 days, and less aggression among students who received the curriculum versus those who did not.
- Revised and updated secondary level physical activity and nutrition combined curriculum module was released and trained.
- Emergency preparedness lessons and activities for grades K-12 were developed.
- A revised Middle School HIV and other STIs Module has been developed and will be released and trained in September of 2010.
- The high school modules are currently being revised into one combined singular unit that is aligned to the Michigan Merit Standards based on feedback gathered from teachers and health coordinators in the field.

<http://www.emc.cmich.edu/mm/default.htm>

Michigan Nutrition Network (SPLASH): Fosters multidisciplinary, community-based, public/private collaboration to build alliances focused on nutrition and physical activity. MNN facilitates the effective, high quality nutrition and physical activity initiatives that reach Michigan consumers, with a special focus on reaching those with low income. www.mnn.fcs.msue.msu.edu/ and/or www.health-splash.org/

Teen Pregnancy Prevention Initiative (TPPI): Teen Pregnancy Prevention Initiative (TPPI) is a comprehensive pregnancy prevention program. The goal of the program is to reduce the rate of teen pregnancy in Michigan. This will be achieved through the implementation of comprehensive, evidence-based interventions that target the factors that lead to the delayed initiation of sex and

increased condom or other contraception use. TPPI programs target youth and young adults between the ages of 10 and 18 (up to 21 for special education populations). In FY2008-09:

- TPPI grantees served 135 youth, of those, 100 (74%) completed at least 14 hours of programming.
- TPPI grantees served at least 100 parents with 2 or more hours of programming.
- The statewide teen pregnancy prevention conference reached 250 participants from all across Michigan.

www.michigan.gov/teenpregnancy

Talk Early, Talk Often (TETO): A component of the Governor's Blueprint for Preventing Unintended Pregnancies. This program provides trainings for parents on how to talk to their kids about abstinence and sexuality—about the role they play in adolescent decision-making and behavior, promotes parental involvement in teen pregnancy prevention, and empowers parents to talk frankly with their children about abstinence and sexuality. In FY 2008-09, TETO served 338 parents in 19 workshops throughout Michigan. www.michigan.gov/talkearly

ORAL HEALTH UNIT

Volunteer Dental Program (Donated Dental): A network of volunteer dentists provides dental care to persons who are mentally and physically handicapped, who are medically compromised, or who are elderly and/or indigent. In FY2008-09:

- 202 dental laboratories volunteered services for a total value of \$97,828;
- \$1,059,497 dollars worth of dental services were donated;
- The total value of the donated dental program was \$1,059,497 equaling a return on investment of \$7.06 for every dollar spent.

Points of Light Oral Health Program: This project supports the matching of a dentist with a pediatrician to provide dental care to infants by age one. Educating the physician to do a caries risk assessment, provide anticipatory guidance and early dental interventions can greatly reduce dental disease in this young population.

MI Door: Throughout Michigan, one-day events provide free access to dental care for low income adults. The day is supported by clinical and non-clinical volunteers and Michigan organizations. Adults are seen on a first-come, first-serve basis. The day is concentrated on relieving people of their oral pain, focusing primarily on treatment by fillings and extractions.

Community Water Fluoridation Promotion: Works closely with DEQ to populate data into CDC Water Fluoridation Resource System; promote community water fluoridation; resource for individuals and communities. CDC has a "My Water's Fluoride" interactive website: <http://apps.nccd.cdc.gov/MWF/index.asp>

School Fluoride Mouthrinse Program: Provide training and technical support to schools implementing weekly fluoride mouthrinse programs. Administered through health departments and schools in non fluoridated areas of the state. www.michigan.gov/oralhealth

Cavity Free Kids® Head Start Curriculum: Funded originally through the Michigan Oral Health Coalition, this oral health training and curriculum for Head Start was adapted from the Washington Oral Health Foundation for Michigan to educate children, staff and parents on the importance of primary teeth and offer hands-on activities to incorporate oral health into daily routines. www.mohc.org

Dental Hygiene PA 161 Program: Allows a dental hygienist to work under relaxed dental supervision

rules to provide service to the underserved children and elderly populations. Must be a local, state, or federal grantee health agency for patients who are not assigned by a dentist. For more information, contact the Michigan Dental Hygienists' Association at: (517) 381-8557 or the MDCH Oral Health Program www.michigan.gov/oralhealth

Dental Treatment for Developmentally Disabled: Provides limited funding to assist the severe developmentally disabled population to access dental services; clients accepted for funding is through referral basis only from client case managers.

School Based/School Linked Oral Health: A pilot project to include dental services in school health centers for oral health prevention services and building a network for referrals for dental services.

SMILE! Michigan Dental Sealant Program: A preventive dental sealant program offered to limited 2nd and 6th graders in schools with a high percentage of children enrolled in the Free and Reduced School Lunch Program. The program includes an oral screening, placement of dental sealants on all erupted molar teeth, fluoride application, oral health education and referral for dental care. www.michigan.gov/oralhealth

VARNISH! Michigan Program: Promotes fluoride varnish programs to reduce incidence of dental decay in primary teeth. Available to low income, high-risk 0-5 age children in medical facilities, Head Start and other vulnerable groups. Training on Infant/Child Oral Health for MI Medicaid providers (Feb '09):
www.mohc.org

WIC DIVISION

WIC (Women, Infant and Children) is a health and nutrition program that has demonstrated a positive effect on pregnancy outcomes, child growth and development. The earlier a pregnant woman receives nutritional benefits from WIC, the more likely she is to seek prenatal care and deliver a normal weight infant.

- . Each month, more than 248,000 moms, babies and children younger than five receive nutrition foods from the Michigan WIC Program. WIC foods are worth \$40-\$120 or more per month for each participant, and now include fresh fruits and vegetables for women and children.
- . Approximately 53% of the babies born in Michigan receive WIC benefits.
- . For every dollar spent by this program, more than three dollars in subsequent health care costs are saved.
- . A family of four may earn \$40,793 per year and qualify for WIC.
- . Local communities are supported with more than \$187 million yearly when WIC foods are purchased at grocery stores and pharmacies.
- . Project FRESH provides WIC clients with coupons to purchase fresh fruits and vegetables from farmers at authorized farmers' markets and roadside stands. WIC clients receive this benefit in addition to their regular WIC food package.

WIC delivers services statewide through local health departments, community health centers and other community-based organizations. WIC works closely with the health care community, receiving referrals from private and public health care providers and providing referrals as needed for health and social services. WIC refers participants for a variety of services and encourages persons already receiving medical services to remain under their physician's care. WIC also encourages well-child visits and routine health care and dental care.

To learn more, please call the WIC agency nearest you for more information or call 1-800-23-BIRTH. For the phone number of the WIC agencies serving your county, see www.mi.gov/wic then look at the Local WIC Agencies section of this web site.

Accomplishments:

WIC Goes Electronic With EBT

WIC has replaced over 10 million paper WIC coupons used annually with an Electronic Benefit Transfer (EBT) card, similar to Food Stamps. Michigan is the first state in the country to rollout an online WIC EBT.

MI-WIC – New Eligibility System Goes Paperless

WIC implemented and rolled out a new WIC Eligibility/Certification system called “MI WIC”. This replaces an old mainframe-based system that could not early handle upcoming requirements, and has many efficiencies as a result of this technology.

WICHealth.org

This project provides WIC Nutrition Education for clients via the internet. This way of delivering required nutritional education to clients has been well-received. WIC has worked with Western Michigan University, other states in our region and USDA.

WIC Food Package Changes

The WIC program has recently added fresh fruits and vegetables, whole grain bread, baby food and allows only low fat milk for children over two and for women based on the USDA changes, and implemented this change ahead of the required data.

BUREAU OF LOCAL HEALTH AND ADMINISTRATIVE SERVICES

DIVISION OF LOCAL HEALTH SERVICES

Overview

Michigan has 83 counties served by 45 local health departments through county, city or multi-county health arrangements. Local health departments provide enforcement of the public health code and local ordinances, and deliver a number of required and other health-related services and programs to the community. The MDCH, local health departments and Boards of Health collaborate to provide these services and programs.

The Division of Local Health Services serves as the primary point of contact for local health departments. Additionally, the Division strives to promote and provide a venue for negotiation, collaboration, and mediation, when needed, between MDCH, local public health and other entities.

To learn more about public health in Michigan, go to <http://www.malph.org/page.cfm/4/> and click on the link to *Michigan’s Guide to Public Health for Local Governing Entities: County Commissioners, Boards of Health, and City Councils*

Accreditation

The mission of the Accreditation program is to assure and enhance the quality of local public health in Michigan by identifying and promoting public health standards for local public health departments, and evaluating and accrediting local public health departments on their ability to meet these standards. The Division oversees a contract with the Michigan Public Health Institute to coordinate the program.

Local Health Services provides fiscal, personnel resources and administrative oversight of Michigan's Local Public Health Accreditation Program. Accreditation is a systematic review of each of Michigan's 45 local public health departments (LPHD) conducted every three years. The first accreditation cycle began in July 1999. Reviewers assess an agency's administrative capacity, operations (e.g., food service, sewage treatment, STD, immunization, hearing and vision) and categorical grant funded services (breast/cervical cancer, family planning, HIV/AIDS).

Accreditation Program goals are to:

- assist in continuous quality improvement;
- assure a uniform set of standards that define public health;
- assure a process by which the MDCH can ensure local level capacity to address core functions; and
- provide a mechanism for accountability.

Key MDCH partners in the program are the Michigan Departments of Agriculture and Natural Resources and Environment, local Public Health Departments, the Michigan Public Health Institute, and the Michigan Association for Local Public Health. Up to 50 reviewers from 12 programs employed at three different Michigan departments visit local public health departments onsite during one week every three years.

Accomplishments

Currently 100% of Michigan's Local Health Departments are accredited

A Quality Improvement Supplement was added in 2009.

Sixteen week-long reviews were conducted in 2009.

During Cycle 3 (ending in 2008), only 6.5 % of indicators were missed and required corrective action.

Standards Review Committee (SRC)

By statute, the contracting procedure for local public health provides for the collaborative development, implementation and review of Minimum Program Standards (MPRs) for various programs. Various MDCH program personnel, with a state-local workgroup, provide for the development or change to these standards or associated reporting requirements. The Division of Local Health Services coordinates a Standards Review Committee (SRC) to receive testimony from the state-local workgroup regarding their recommendations. Subsequently, their finding is submitted to the MDCH Director for approval. When approved, if appropriate, the MPRs become an important component in development of tools for the Accreditation Program.

Multi-State Learning Collaborative/Quality Improvement

The Michigan Department of Community Health and its Local Public Health Accreditation Program partners are ongoing participants in a national multi-state learning collaborative. Emphasis is on expanding the use of quality improvement methods at the state and local level and preparing MDCH and Michigan's local health departments for the national voluntary accreditation program. Michigan's participation in the multi-state learning collaborative is funded by the Robert Wood Johnson

Foundation (RWJF).

Four local health departments, in 2009, were selected and successfully completed training and other requirements of the Quality Improvement exercise. Other health department personnel served as mentors to the applicants. An additional four local health departments will be selected in 2010, the last year of the project.

Department of Information Technology Liaison

The Section Manager for Local Health Services serves as the Public Health Administration's liaison for IT-related approvals, ordering, trouble-shooting, and interacting with DIT customers from the various Bureaus, Divisions and Sections within the Administration.

This function is challenging, given the Administration's increasing dependence on IT and the need for rapid, correct and efficient processing of orders and help requests with our DIT partners.

Other

The Division also oversees activities pertinent to the yearly Director's award, development and administration of the Preventive Block Grant, development of the Local Liaison Report, a number of data and analyses issues, and attendance at a various public health related events, meetings, conferences, or summits.

Division for Vital Records and Health Statistics

The Division for Vital Records and Health Statistics (DVRHS) maintains the vital records repository for Michigan and operates the state's birth defects and cancer registries. DVRHS staff work closely with local vital records registrars in receiving, filing and issuing copies of vital records documents. The office is responsible for the vital statistics system and relies on hospitals, physicians, medical examiners, funeral directors, laboratories and others to assemble information continuously on vital and health events. Michigan has centrally filed vital records since 1867, has operated a cancer registry since 1985 and a birth defects registry since 1992. The repository holds well over 30 million records that are important for conducting personal business, engaging in genealogical research and in a variety of ways that examine and monitor the health of Michigan's citizens.

Some of the year's activities include:

Development of a Death Registration System— A new method for recording death certificates has been developed and is being piloted in Washtenaw and Jackson counties. Until this year, all death registrations were accomplished through a paper process. The new system, called the Electronic Death Registration System, developed using federal and state funds, has been in development since 2005, when the planning process initially began. The system will allow for the electronic reporting of deaths in Michigan, resulting in a higher level of data quality, greater efficiency as the participants (funeral directors, medical certifiers, local and state registrar staff) are able to interact electronically, increased security and fraud prevention, and much improved timeliness of mortality data. Expansion of this new system throughout the state is planned to occur over the next three years.

Michigan Disease Surveillance System Reporting— As a byproduct of the new Death Registration System, a mechanism for identifying deaths that are due to infectious reportable diseases and sending real time messages to the Michigan Disease Surveillance System for rapid identification of these cases is being developed. The interface will involve screening the medical text from the death record and, later, the coded cause of death information for reportable conditions. These messages

will be incorporated into the reportable disease database and either merged with previous reports for the decedent or added as a new case. This system will improve the speed of case identification and enhance Michigan's ability to monitor disease outbreaks. This work is being funded by the Centers for Disease Control.

Intelligence Reform-Related Activities— In an effort to improve the security of Michigan's vital records system and enable standardized birth certification across the state, three interrelated projects are under way. One major effort is integrating birth certificate images for births from 1935 through 1988, which entails capturing images for some 10 million documents. A second significant effort involves the development of a centralized system for birth certification that can be used by any of the 109 state and local vital records offices in the state. This new system will build on existing state systems while assuring compliance with all federal standards on data security. The third project currently ongoing is to join the Electronic Verification of Vital Events network which is a national system for authenticating officially issued documents and is designed to thwart counterfeiting and alteration of these legal documents. The funding for these three efforts is from the Department of Homeland Security and has been made available to us through the Michigan Department of State. All these projects are intended to prepare Michigan for the release of national requirements regarding the use, issuance and security of vital records. Passed by Congress in 2004 as a result of the 9/11 Report, the Intelligence Reform Act requires significant changes in the way vital records are handled.

Improved Timeliness of Birth Data— As a result of the new Web-based birth reporting system implemented in late 2007, reports on newborns are available very rapidly. These significantly more timely reports are being used in a variety of ways to improve the health and the safety of newborns. Newborn data are now routinely linked to data on infants receiving newborn metabolic screening to identify newborns who were not screened. Rapid follow up on these cases is now in place which can lead to appropriate screening and is leading to diagnosing newborns with detectable conditions who would otherwise have been missed. In similar fashion, these rapid reports are used to identify infants born to parents with a history of abuse and enable very timely case reviews by Department of Human Services workers to assure the safety of these newborns.

Division of Health, Wellness and Disease Control

HIV/AIDS Prevention and Intervention Section

HIV Training

The Education, Training and Resource Development Unit (ETRDU) of the Division of Health, Wellness and Disease Control provides training and ancillary support to local health departments and community-based organizations in Michigan in the areas of HIV/AIDS and STDs. In 2009, ETRDU provided training to 667 participants in 45 sessions. ETRDU activities include:

- Providing basic HIV training for staff and volunteers of local health departments and community-based organizations funded by MDCH to provide HIV testing; and provision of case management certification training;
- Certification update training for counselors;
- Developing curricula and specialized trainings;
- Providing counseling, testing and referral (CTR) technical assistance and quality assurance to funded agencies; and
- Convening the Program Review Panel mandated by the CDC to ensure materials used in HIV prevention and care are appropriate for the target audience.

The primary constituency of the ETRDU is staff and volunteers of local health departments and community-based organizations (CBOs) which provide HIV/AIDS prevention and care services in the state. For training calendar and registration materials access <http://Michigan.gov/hivstd>

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HIV Prevention Programming

The Division of Health, Wellness and Disease Control (DHWDC) administers Michigan's HIV prevention efforts. DHWDC funds local health agencies, community-based organizations, hospitals, and other agencies to provide HIV/AIDS prevention services, including counseling and testing, partner services, health education and public information initiatives.

HIV counseling, testing and referral (CTR) efforts ensure that individuals learn their HIV infection status, receive counseling on behavior change to avoid infection (or prevent transmission) and, if found to be HIV-infected, receive access to care and treatment. There are 103 publicly supported CTR agencies in Michigan including local health departments, community-based organizations and health clinics, and other venues.

In FY 2009, 80,790 HIV tests were conducted in publicly supported sites and 448 new cases of HIV were identified; 62 percent of clients tested were African American and 4 percent were Latino.

Partner services (PS) are provided by local health departments and help HIV-infected individuals to notify their sex and needle-sharing partners that they have been exposed to HIV. PS helps identified partners learn their HIV status by providing immediate access to testing and counseling aimed at behavior change to reduce their risk for becoming infected or, if already infected, from transmitting their infection to others. During FY09, 968 HIV-infected individuals were offered help in notifying partners and 258 sex/needle-sharing partners received early notification of their exposure and were offered HIV testing and other prevention services.

Health education and risk reduction (HE/RR) services are behavioral and social interventions designed to educate individuals about their risk for HIV and to assist them in developing personalized plans to reduce their risk for acquiring or transmitting HIV infection. MDCH currently supports 19 community-based organizations and local health departments for HE/RR. During 2009, 82,981 contacts were made through these interventions.

Health Communications and Public Information increase awareness of HIV risks and promote using prevention services, especially HIV counseling and testing. MDCH supports a statewide information telephone hotline to provide a single point of information on HIV/AIDS and referral to testing services (1-800-872-AIDS).

MDCH supports only prevention services that are grounded in behavioral/social theory and sound public health practice and have demonstrated effectiveness. A Statewide Comprehensive HIV Prevention Plan, developed with community stakeholders, guides programming decisions. Priorities for prevention services are determined by applying epidemiologic data, combined with data obtained in community-level needs assessment activities.

Resources are targeted to populations that are at greatest risk for transmission and acquisition, based on HIV risk behavior and HIV seroprevalence – HIV positive individuals, men who have sex with men, injecting drug users and heterosexual individuals whose partners are HIV-infected or at high risk (e.g., injecting drug users). Funding is also concentrated in those areas of the state which have the highest HIV prevalence—Southeast Michigan, which has the highest levels and concentration of HIV/AIDS, and other areas such as Grand Rapids, Flint, Kalamazoo, Lansing, Saginaw, and Benton Harbor are also priorities. Prevention programming supported by MDCH emphasizes racial/ethnic minority populations, who are disproportionately impacted by the epidemic.

HIV/AIDS Continuum of Care

The HIV/AIDS Continuum of Care Program provides medical care and related services to over 7,000 HIV positive individuals in Michigan who are uninsured or underinsured. A network of providers

helps assure that essential medical services are available to treat HIV disease regardless of where an individual lives. Services include medical care and medical case management, HIV medications, mental health and substance abuse treatment, oral health care, medical transportation, nutritional assistance and some limited housing assistance. Persons access these services through referrals by HIV Counseling and Testing programs and other providers, or they can call the Michigan HIV/AIDS Hotline.

During the past year, the Michigan AIDS Drug Assistance Program (ADAP) experienced historically high enrollment levels. This program provides HIV medications to persons without prescription coverage, or those with limited coverage. Currently 2,600 persons are enrolled in this program and another 70 are added each month. In FY 2009 MDCH expended over 25 million dollars for this program, all of which is derived from federal resources and manufacturer rebates on drug purchases.

The Continuum of Care program also administers Minority AIDS Initiative resources to support services targeting young African American men who have sex with men who are HIV positive but do not know their status or are not yet in care. The program, called *Youth Links*, operated by AIDS Partnership Michigan in Detroit, connects newly diagnosed persons in the target group to essential medical services. Often, poverty, stigma and fear impact the amount of time a person waits to see a physician after they receive an HIV diagnosis. This program aims to simplify the medical care system for these youth by providing support to them on their first few medical visits to the Infectious Disease specialist. Program staff help this group of youth make their appointments, complete necessary forms, and link them to other needed services, all with the goal of establishing good habits, both in keeping medical appointments and in taking prescribed medications, both of which significantly increase the lifespan and well-being of persons living with HIV.

Michigan Medicaid Program

The Michigan Medicaid program began as a result of Title XIX of the Social Security Act. It is funded jointly by the federal Centers for Medicare and Medicaid Services (CMS) and the State of Michigan. The program provides health care insurance for certain individuals and families with low income and limited resources. The Medical Services Administration (MSA), in MDCH, administers the Michigan Medicaid program.

Medicaid provides medical assistance for Michigan's low-income residents who meet certain eligibility criteria as defined by both CMS and the State. These are identified as people who are either "categorically needy" or "medically needy". The categorically needy group generally includes infants, children, and pregnant women in low-income families, low-income elderly, blind and disabled persons, and certain low-income Medicare beneficiaries.

The medically needy group includes people who have substantial medical costs but their income is too high for them to qualify for Medicaid. They must "spend down" their income until it reaches a level at which they meet Medicaid's income and asset requirements.

In addition to meeting these eligibility income and asset requirements, people applying for the Michigan Medicaid program must also meet U.S citizenship and Michigan residency requirements. To receive Medicaid services in a Medicaid reimbursed nursing facility, the MI Choice Waiver program, or the Program of All Inclusive Care for the Elderly (PACE), the person must also meet the Michigan Medicaid functional/medical criteria through the Michigan Medicaid Nursing Facility Level of Care Determination tool.

Once a person is deemed eligible for Medicaid, they receive a mihealth card and are entitled to the following health care benefits:

- Primary care and specialty physician services (services may be provided by MDs, DOs, Certified Nurse Anesthetists, Anesthesiology Assistants, Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives)
- Outpatient hospital services
- Inpatient hospital services
- Nursing facility services
- Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) for beneficiaries under age 21
- Family planning services and supplies
- Pharmacy services
- Mental health and substance abuse services
- Chiropractic care services (covered for beneficiaries under age 21)
- Dental services (covered for beneficiaries under age 21)
- Podiatry services (covered for beneficiaries under age 21)
- Occupational therapy

- Physical therapy
- Speech pathology and audiology
- Vision and hearing services (eyeglasses and associated services and hearing aids are covered for beneficiaries under age 21)
- Laboratory and x-ray services
- Durable medical equipment, including orthotics and prosthetics
- PACE
- Home health and hospice services
- Home Help Program (personal care)
- Private duty nursing
- Services provided at Rural Health Clinics and Federally Qualified Health Centers
- Medical transportation (emergency and non-emergency)
- Maternal Infant Health Program (MIHP)
- Case management
- Emergency services
- Respiratory services

The Michigan Medicaid fee-for-service (FFS) program has established criteria and coverage provisions for all services. Some services require a \$1 to \$3 co-payment for certain ambulatory services and a \$50 inpatient hospital co-payment for beneficiaries 21 years of age and older.

Generally, two payment methodologies are used to reimburse providers for services rendered to Medicaid beneficiaries—a FFS reimbursement system is used for beneficiaries enrolled in the Medicaid FFS program and a capitated payment system is used for beneficiaries enrolled in managed care and receiving services through a Medicaid Health Plan (MHP).

If beneficiaries have Medicaid program-related questions, they can call the Beneficiary Help Line at 1-800-642-3195. If providers have Medicaid program-related questions, they can call the Provider Inquiry Help Line at 1-800-292-2550 or send an e-mail to ProviderSupport@michigan.gov.

Additional information regarding Medicaid eligibility and other health care programs can be found on the MDCH website at <http://www.michigan.gov/mdch>. An application for Medicaid coverage can be found on the Department of Human Services website at <http://www.michigan.gov/dhs>.

Michigan Managed Care

Michigan established the current Medicaid managed care program through a competitive bidding process in 1997. A total of 14 licensed MHPs provide services to over one million of our 1.7 million beneficiaries. Individual health plan membership size ranges from 1,000 to over 200,000, with 94% of the beneficiaries who are eligible for managed care enrolled in these organizations. At least one MHP is available in all 83 Michigan counties. A list of Medicaid Health Plans, by county, can be found on the MDCH website at <http://www.michigan.gov/mdch>, click on Health Care Coverage >> Medicaid.

Certain populations are not eligible for enrollment in managed care. This includes individuals with both Medicare and Medicaid coverage, foster children, people receiving custodial care in nursing facilities and individuals who are incarcerated. (Incarcerated individuals receive offsite inpatient hospitalization services only through Medicaid).

MHPs provide a specific set of covered services as delineated in the State's contract with the plans. The contract includes mechanisms through which the State holds the plans accountable for effective and efficient provision of covered services. MDCH utilizes annual clinical quality of care data collected through the Healthcare Effectiveness Data and Information Set (HEDIS) to compare the relative performance of Medicaid managed care plans to the industry average in Michigan, as well as to national Medicaid averages. MDCH also measures satisfaction through a consumer survey performed by an external contractor. Using both measures, MDCH develops a report card called the "Consumers' Guide to Medicaid Health Plans" that helps beneficiaries select a health plan based on plan performance. This guide can be found on the MDCH website at <http://www.michigan.gov/mdch>, click on Health Care Coverage >> Medicaid >> 2010 Health Plans Quality Checkup.

MDCH has developed performance standards to monitor health plan performance and create health plan accountability. Compliance with the standards is monitored and the MHPs receive bonus awards and increased membership during auto-assignment based partially on these results. All MHPs must be accredited by a national accrediting body. And, the MHPs must submit reports that allow MDCH to monitor their effectiveness and compliance with such topics as grievances and appeals, financial reporting, and quality improvement plans.

In addition to providing good quality care, the Medicaid managed care program has demonstrated cost savings. Medicaid managed care expenditures are managed and predictable for the industry. Based on data from fiscal year 1997 through FY 2006, MDCH has achieved significant savings from managed care—most recently about \$500 million per year. The savings obtained through managed care compared to the FFS program can be illustrated by comparing the health plan cost per-member-per-month for the same services provided in the FFS program. The data show that the expenditures are far less in the managed care arena than for the same services provided by the FFS program.

Program of All-Inclusive Care for the Elderly (PACE)

The Program of All-Inclusive Care for the Elderly features a comprehensive service delivery system and integrated Medicare and Medicaid financing for frail, elderly individuals who meet the Michigan Medicaid Nursing Facility Level of Care Determination criteria.

For most PACE participants, the comprehensive service package permits them to continue living at home while receiving services rather than being institutionalized. Participants must meet the following criteria:

- Meet Medicaid's LTC functional/medical eligibility criteria
- Be at least 55 years of age
- Live within the approved geographic area of the PACE organization
- Be able to live safely in the community at the time of enrollment
- Cannot be concurrently enrolled in the MIChoice Waiver or an HMO

A team consisting of professional and paraprofessional staff assesses the participant's needs, develops care plans, and delivers all services, including acute care services, hospital services and if, necessary, nursing facility services. PACE programs provide social and medical services primarily in an adult day health center, supplemented by in-home and referral services in accordance with

the participant's needs. The PACE service package includes all Medicare and Medicaid covered services, and other services as determined necessary by the interdisciplinary team.

Michigan currently has four operational PACE organizations. The Center for Senior Independence (CSI) is associated with Henry Ford Health System; it serves 34 zip codes in Wayne County and is located in Detroit. CareResources, located in Grand Rapids, serves Kent County. Two new providers began accepting enrollments in fiscal year 2009. LifeCircles is located in Muskegon and serves all of Muskegon County and six zip codes in northern Ottawa County. CentraCare, located in Battle Creek, serves all of Calhoun County. Additional information on the PACE Program can be found on the MDCH website at <http://www.michigan.gov/mdch>.

MI Choice Home and Community Based Waiver Program

The MI Choice waiver program provides home and community based services that support individuals residing in the community. The program serves the elderly and adults with disabilities who would otherwise qualify for nursing facility care if not for the provision of services offered through this program. Depending on individual needs, MI Choice participants may receive a wide range of services, from assistance with daily activities (such as bathing and eating) to more extensive services necessary to meet complex medical needs. MDCH contracts with 20 waiver agencies throughout Michigan to administer MI Choice. Waiver agents provide supports coordination and arrange for participant services from various provider organizations.

Home Help Program

The Home Help Program is a state plan service funded by Medicaid that is administered by the Department of Human Services (DHS). It provides non-specialized personal care and other supports to individuals needing assistance to live independently. This program pays for qualifying beneficiaries to select caregivers to help them perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs). ADLs include eating, toileting, bathing, grooming, dressing, transferring, and mobility. IADLs include taking medication, meal preparation, shopping for food and necessities of daily living, laundry, and housework.

Over the past 10 years, the number of beneficiaries served by the Home Help Program has increased by approximately 50%. This growth is expected to continue as the population continues to live longer. In fiscal year 2009, the cost of the program was approximately \$259 million and it provided services to just over 61,000 unduplicated individuals. The Home Help program remains the first line of service in helping individuals remain in their homes rather than having to move to group settings such as nursing facilities, adult foster care homes, or homes for the aged.

Freedom to Work

Freedom to Work (FTW) is a product of the Ticket to Work-Work Incentives Improvement Act (TWWIIA) and is designed to prevent the loss of Medicaid benefits for people ages 16-64 who are disabled while transitioning to some degree of employment. The intent of the program is to remove potential barriers due to the loss of essential medical benefits for persons that are able and wish to be employed.

There are approximately 1,085 beneficiaries enrolled in the FTW Medicaid program. For individuals who had only Medicaid coverage during the entire period of FTW Medicaid enrollment and the pre-FTW Medicaid period, the Medicaid cost per-member-per-month decreased significantly during FTW Medicaid enrollment, from an average of \$947 to an average of \$446, a decrease of 53%.

Maternity Outpatient Medical Services

The Maternity Outpatient Medical Services (MOMS) program provides pregnancy-only services and is operated by MDCH. MOMS provides prenatal and postpartum pregnancy-related services to women who are pregnant or recently pregnant and who are not eligible for Medicaid.

The MOMS coverage period is from the date of application, with a maximum of 45 days of coverage unless the individual receives Medicaid Emergency Services Only (ESO) eligibility. Medicaid-ESO eligible women receive prenatal care and medically necessary ambulatory postpartum care for 60 days after the pregnancy ends.

Adult Benefits Waiver

The Adult Benefits Waiver (ABW) program is jointly funded through the federal and state government under Title XIX (Medicaid) Through this waiver, MDCH has expanded health care coverage to uninsured childless adults ages 19-64 with income at or below 35 percent of the Federal Poverty Level (FPL). More than 200,000 different beneficiaries have received health coverage since the waiver was approved in 2004.

The ABW benefit does not require beneficiary premiums or deductibles for program enrollees; however, there are minimal service co-pays. There is no inpatient hospital coverage available under the program. Because the program must be managed within a budget allotment, the enrollment is capped to average 62,000 beneficiaries per month.

With the ABW, beneficiaries receive continuous access to primary care, as well as additional benefits such as prescription drugs and behavioral health services. In addition to improving the health and welfare of the beneficiaries, this program has decreased uncompensated care for this target population group.

The ABW has both FFS and managed care components through which benefits are provided to enrolled beneficiaries. For counties in which county-operated health plans (CHPs) are available, ABW beneficiaries are required to receive services through their respective CHP. Currently, there are 28 CHPs providing health care services in 73 of Michigan's 83 counties. ABW beneficiaries receive services through a FFS system in the remaining 10 counties.

Plan First! Family Planning Waiver Program

Approximately 40% of all pregnancies occurring in Michigan are unintended. An even higher figure (64%) of pregnancies for women who are Medicaid-eligible are unintended. Of those unintended births, 25% are unwanted.¹ Unintended pregnancy is defined as wanting to be pregnant later, not wanting to be pregnant now, or not wanting to be pregnant at any time in the future.

Improving family planning services to better meet the needs of women of reproductive age is a public health priority. Providing family planning services is directly linked to longer inter-pregnancy intervals and improved maternal and infant health outcomes.²

In 2006, MSA received federal approval to implement the "Plan First!" Family Planning Waiver program. This program enables MDCH to provide family planning services to women who otherwise would not have medical coverage for these services. Through this waiver, MDCH provides eligibility for family planning services to women who:

- Are 19 through 44 years of age;
- Are not currently enrolled in Medicaid;

- Do not have full family planning benefits through private insurance, including Medicare;
- Have family income at or below 185 percent of the FPL;
- Reside in Michigan; and
- Meet U.S. citizenship requirements.

Family planning services are defined as any medically approved means, including diagnostic evaluation, pharmaceuticals, and supplies, for voluntarily preventing or delaying pregnancy. The family planning program benefit does not include coverage of abortions or treatment of infertility.

There are no co-pays, premiums, or deductibles for the family planning services provided under this program. Additional information, including brochures and the application for Plan First! can be found at <http://www.michigan.gov/planfirst>.

MiChild

MiChild is a state and federally funded initiative that makes health and dental coverage available to children under 19 years of age who are not Medicaid eligible, are uninsured, and have incomes at or under 200% of the FPL. MiChild is not a Medicaid program.

MDCH contracts with licensed health plans to provide a health care benefit package to children enrolled in MiChild. Covered services include:

- Immunizations
- Dental care
- Pharmacy
- Hospital care
- Home health care
- Prenatal and delivery care
- Vision and hearing services
- Mental health and substance abuse services
- Immunizations
- Emergency care
- Well child visits (regular checkups)
- Diagnostic services
- Primary care and specialty physician services
- Therapies

Families pay a \$10 monthly premium for MiChild insurance, regardless of the number of children insured. There are approximately 30,300 (as of 01/01/10) children enrolled in MiChild. Michigan's program has been recognized by CMS for Best Practices for enrolling Children's Health Insurance Program (CHIP) beneficiaries.

The MiChild application can be accessed at <https://healthcare4mi.com>. Additional information about MiChild at <http://www.michigan.gov/mdch>, click on Health Care Coverage >> Children and Teens >> MiChild.

Major Accomplishments of the Michigan Medicaid Program for 2010

1. Over the past eight years, the Michigan Medicaid caseload has grown by over 500,000 beneficiaries, yet during this same period, the total general fund amount consumed by Medicaid expenditures decreased by 21%. Spending control was achieved through cost effective policies and administrative efficiencies.

2. Over 1 million of the 1.7 million Medicaid enrolled beneficiaries receive services through managed care.
3. U.S. News and World Report ranks 12 of the Michigan Medicaid Health Plans (MHP) in the top 50 Medicaid health plans nationwide.
4. Implemented the Community Health Automated Medicaid Processing System (CHAMPS) Medicaid claim processing payment system. CHAMPS became fully operational on October 1, 2009.
5. Michigan is the only state in the nation with a quality improvement strategy to address provider no shows in the MI Choice Waiver program. By addressing this issue, Michigan has decreased the rate of provider no shows from a baseline of 4.3% to less than one percent. This means that providers furnish services as planned 99% of the time for all MI Choice participants. Michigan has also decreased the number of days between the initial assessment and the start of service from the baseline of 10.42 days in 2005 to 5.5 days in 2007. Two-thirds of the waiver agents met this benchmark in 2007, an improvement from 47% in 2006.
6. Implemented a new CMS-approved School-Based Services FFS Program reimbursement methodology that allows continued Medicaid coverage in this setting.
7. Finalized a new contract for eyeglasses estimated to provide additional \$542,000 annual savings.
8. Received CMS approval to continue the ABW program using Title XIX funds. This waiver was approved and implemented January 1, 2010.
9. Created an online beneficiary application that determines eligibility for the Medicaid Healthy Kids, pregnant women, MIChild, and Plan First! programs.
10. In 2009, over 650 nursing facility residents transitioned to the community with MI Choice services. In addition, the MI Choice program assisted over 100 individuals to transition to the community with either Home Help services or no Medicaid-funded long-term care services.

Health Policy, Regulation and Professions

Health Professional Licensing and Regulation

The Department's Bureau of Health Professions has several responsibilities, including regulating over 400,000 licensed and registered Michigan health professionals representing over 35 occupations. Information on applying for a license or registration, verifying the status of a health professional license or registration, or filing an allegation against a health professional can be found at www.michigan.gov/healthlicense.

The Bureau of Health Professions also manages the Michigan Healthcare Workforce Center. Periodically, staff survey physicians, nurses, pharmacists, dentists and other health professionals to evaluate the supply of health professionals in Michigan and identify existing or potential workforce shortages. The Bureau works closely with the Michigan Center for Nursing and the Michigan Center for Health Professions to implement strategies to address specific healthcare workforce issues. Additional information on workforce issues can be found at www.michigan.gov/mhwc. Consumers interested in information on health careers can visit www.michigan.gov/healthcareers.

Finally, the Bureau provides resources on health care issues important to both health professionals and consumers. Patient safety information is at www.michigan.gov/patientsafety. Health providers and consumers seeking information on pain management and palliative care can visit www.michigan.gov/pm.

Systems

The Bureau of Health Systems is responsible for administering parts of the Public Health Code, 1978 PA 368, to assure that covered health facilities provide safe and effective health care services in a safe environment. This responsibility is met through:

- Licensing and Medicare certification of acute care hospitals, hospices, hospice residences, psychiatric units in hospitals, psychiatric hospitals, outpatient surgical facilities, medical specimen testing laboratories, end stage renal disease facilities, rural health clinics, certification of home health agencies and licensing of substance abuse (rehabilitation) programs.
- Licensing and certification of nursing homes, hospital long term care units, and county medical care facilities.
- Inspecting and registering radiation machines.
- Certificate of Need approval for covered health facilities and health services.
- Reviewing covered health facility construction plans and issuing construction permits.
- Presenting educational programs and distributing information to health facilities and the public.
- Initiating enforcement action for non-compliance under state law and recommending to the Centers for Medicare and Medicaid Services enforcement action under the Medicare and Medicaid regulations.

Radiation Safety

Telephone Number: 517/241-1989

The Bureau's Radiation Safety Section is responsible for all non-federal, non-tribal radiation machine and facility regulation. This includes:

- Annual registration of Michigan's 10,000 x-ray facilities and over 29,000 x-ray machines,
- Prior approval of use of radiation machines for mammography and follow-up inspection within 60 days,
- Annual inspections of mammography machines,
- Periodic inspection of medical and non-medical radiation machines, including high energy

- accelerators,
- Approval of private mammography physicists who perform evaluation of mammography systems,
- Approval of radiation shielding designs,
- Investigation of radiation incidents involving excess radiation exposure, and
- Radiation machine aspects of PET cyclotrons, research cyclotrons, and other particle accelerators.

Nursing Home Monitoring

Telephone Number: 517/334-8408

The Nursing Home Monitoring Division conducts annual certification inspections of nursing homes, county medical care facilities, and hospital long term care units to ensure compliance with federal conditions of participation for Medicare and Medicaid. Staff conduct biennial inspections to determine compliance with the State Public Health Code covering nursing homes and the Nursing Homes and Nursing Care Facilities Rules.

The Bureau's Division of Operations processes incoming complaints for all program areas and Compliant Investigation Unit (CIU) staff conduct investigations of complaints against nursing homes alleging failure to provide adequate or appropriate care and facility reported incidents alleging abuse, neglect, mistreatment, and misappropriation of resident property. Complaints may be filed at www.michigan.gov/bhs or by calling (800) 882-6006.

Hospital, Hospice, Home Health Agency, Other Health Facility Oversight

Telephone Number: 517/241-3829

Bureau staff conducts validation, certification surveys, and complaint investigations for facilities as directed by the Centers for Medicare and Medicaid Services and conducts State licensing inspections as appropriate.

Construction Plan Review and Issuance of Construction Permits

Telephone Number: 517/241-3408

Division of Health Facilities and Services staff reviews the design plans and conducts onsite inspections to ensure a safe, efficient and effective healthcare environment that complies with the Minimum Design Standards for Health Facilities in Michigan.

Plan approval and a construction permit must be obtained prior to initiating a covered construction project involving new construction, additions, modernizations, or conversions involving expenditures above statutorily prescribed thresholds. Plan review is required for certain projects, but plan review is recommended for all projects even if a permit is not required. There is no charge for voluntary plan reviews.

Staff also protect residents/patients during construction by ensuring control measures are in place for dust, excessive noise, vibration and leaks of water or natural gas; that egress and disabled access routes are maintained throughout the work and that all essential mechanical and electrical systems are kept operational.

BHS Performance Data FY 2008

MDS/OASIS Responses and Helpdesk Responses: 1,248

Minimum Data Set/Outcomes and Assessment Information Set [(MDS/OASIS)]

This is a system that nursing homes/home health agencies use to assess residents. The Centers

for Medicare and Medicaid then use the resident data for their Nursing Home Compare website and for payment purposes. The Bureau helps facilities with the system.

Long Term Care Monitoring

Standard Surveys Conducted -- 414
NH Complaints Received --1,256
NH Facility Reported Incidents Received
NHM -- 985
CIU -- 4,010
Onsite Investigations
NHM: 463 standard surveys and 520 revisits
CIU: 752 complaint investigations and 367 revisits
Complaint/Facility Reported Incident Allegations Investigated -- 5,869
Average Days for Complaint Investigation -- 85.92

Non-Long Term Care Monitoring

Hospital, hospice, HHA recertifications -- 144
Non-LTC complaint investigations -- 106

Radiation Safety

Registrations Processed – New and Renewals
X-Ray -- 10,420
Mammography -- 169
Facility/Machine Inspections
X-Ray -- 2,386
Mammography -- 369

Health Facility Construction

Construction Plans Reviewed -- 471
Construction Permits Issued -- 203

Accomplishments

- Completed 35 nursing home physical plant inspections
- Completed 21 Facility Innovative Design (new nursing home) reviews
- Completed 73 building surveys of hospitals, nursing homes, other health facilities

Crime Victims Services

Victim Compensation Program

Crime Victims Compensation Act-PA 223 of 1976 (MCL 18.351)

This act created the Crime Victims Compensation Board and provides for the reimbursement of otherwise unreimbursable expenses to innocent crime victims who suffer personal injury. In over 30 years of operation the program has paid out \$73 million in 26,894 awards of financial compensation. The payments are a last resort for injured crime victims with unpaid medical bills, loss of earnings or support, burial payments and counseling needs. Eligible victims cannot be responsible for their injury, must report the crime promptly and cooperate with the police investigation, and show financial hardship. A maximum of \$15,000 may be reimbursed to each injured victim or victim's family.

Crime Victim Assistance Program

This program administers the federal Victims of Crime Act (VOCA) victim assistance grant, which provides pass-through funding for direct services to crime victims. Grants are made to public and private non-profit organizations so they can provide such services as crisis counseling, therapy, shelter, referral, and personal and legal advocacy. Priority is given to victims of sexual assault, domestic violence, child abuse, and underserved victims of crime. Federal grant funding depends on criminal fines assessed against and collected from perpetrators of federal crimes, so it can vary. Funding sources are Federal VOCA grants, Crime Victims Rights Fund. The legal basis is Public law 98-473, 98 stat.2170, and PA 223 of 1976.

Annual support levels are determined by congressional appropriation of U.S. Treasury receipts of federal criminal fines and forfeitures. Private non-profit organizations, public agencies and Indian tribes are awarded funds through an annual competitive application process. To be eligible, an agency must promote public and private coordination, use volunteers, have non-federal sources of service funds, assist victims with compensation claims and have a proven record of direct service provision to crime victims.

People who provide victim support must learn how cultural and language barriers can prevent effective outreach and how cultural differences can potentially impact service to people of different backgrounds. The Michigan Crime Victim Services Commission (CVSC) partnered with the Michigan Department of Civil Rights (MDCR) and the Michigan Alliance Against Hate Crimes (MIAAHC) to offer trainings on cultural competence and hate crime. MIAAHC represents a statewide coalition of local, state, and federal law enforcement agencies, civil rights organizations, community-based groups, educators and anti-violence advocates. These free trainings help victim service providers to better serve Michigan's increasingly diverse population.

Victim Rights and Assessment Revenue

The crime victim rights program administers assessment revenue collected from convicted defendants by circuit, district and juvenile courts. Funds are disbursed to Michigan's 83 prosecuting attorneys and several juvenile courts to support implementation of the Crime Victims Rights Act, to the Department for implementation of the Crime Victim Compensation Act, and for costs associated with providing the MCVNN automated victim notification system. This restricted funding supports comprehensive, mandatory rights of crime victims to participate in and be notified of all pertinent proceedings in the criminal justice process, compensation for crime-related losses, and trains advocates to better assist victims. Implementation and support of comprehensive local case management for crime victims is an ongoing priority.

Crime Victim Rights Training and Coordination

The Commission has an ongoing partnership with the Prosecuting Attorneys Association of Michigan, Victim Rights Coordination and Training Project and the Michigan Sheriff's Association, Volunteer Victim Advocate Training Program. Both projects provide advocates in the field with education and training, leadership programs and specialized training on responding to victim needs, as well as basic training for new advocates.

Michigan Crime Victim Notification Network

The Michigan Crime Victim Notification Network (MCVNN) is a free confidential automated telephone service that immediately notifies registered crime victims and other users upon a change in an offender's status. MCVNN can quickly relay important custody, court or arrest information anywhere in the United States. This service allows registered victims the ability to not only receive notifications through automated telephone calls but also to receive email notification. Victims also gained the ability to register for notification at www.vinelink.com.

Chief Nurse Executive

Office of the Chief Nurse Executive

The Chief Nurse Executive acts as the lead nursing expert in Michigan by providing professional nursing expertise and leadership in health policy development, nursing education, nursing licensure, and nursing clinical evaluation. The office also guides Michigan's initiative to ensure the state is well-positioned to address future health care shortages, in conjunction with health care providers and educational institutions. Finally, the Chief Nurse Executive provides leadership in addressing critical issues such as patient safety, health care quality, emerging technology and innovation in the nursing field. The office's website is www.michigan.gov/mdch/ocne and the phone number is 517-241-9841.

Accomplishments

- Established Michigan Nursing Corps to rapidly prepare nursing faculty to address the nursing shortage.
- Completed \$30 Million Michigan Accelerated Health Care Training Initiative (MiAHCTI) to establish and enhance innovative nursing and health careers education programs so individuals can complete their education and enter the workforce.
- Convened MDCH Task Force on Nursing Regulation to assure that Michigan rules and regulations for nursing education practice are current and facilitate nurses entering the workforce.
- Provided Nurse Professional Fund Scholarships to 14 schools of nursing in Michigan offering RN-BSN Completion and MSN education. This resulted in 81 students receiving awards amounting from \$1200 to \$12,000. Total scholarship awards for 07-08 amounted to \$247,600.
- Began developing the Nurse Mapping project to reflect the local and regional distribution, shortage and need for nurses in Michigan.

Office of Legal Affairs

The Office of Legal Affairs (OLA) manages the legal affairs of the Department of Community Health, and assures the Department's compliance with applicable laws including the Freedom of Information Act and the Americans With Disabilities Act. OLA oversees and coordinates rulemaking in accordance with the Administrative Procedures Act, manages compliance with HIPAA Privacy Regulations, responds to subpoenas served on the Department or its employees, coordinates the Department's litigation and requests for legal advice with the Department of Attorney General, and coordinates on-line pharmacy complaints with the Department of Attorney General. OLA also assists MDCH staff in carrying out responsibilities in accordance with applicable laws, promotes risk management, and supports compliance with laws governing the use of human subjects in research.

Health Policy and Access

Health Policy Section

The Health Policy Section has two interrelated program areas: Certificate of Need Commission, and General Health Policy support.

Certificate of Need (CON) Commission

The Certificate of Need Commission, an eleven member advisory committee seated by the Governor with Senate consent, provides cost, quality, and access policy direction to the Michigan CON program. The CON Commission reviews and revises the Review Standards which govern the program's operation. The Commission also reviews all new technology being considered for program inclusion.

Meeting quarterly, this year the Commission provided landmark review standards designed to provide guidelines for the acquisition of heavy particle radiation therapy services in Michigan. This technology will provide state-of-the-art cancer radiation service and, with an eye toward cost, quality and access, the Commission has set strict Review Standards to guide providers interested in providing this technology. In addition, the CON Commission assesses and evaluates the effectiveness of the CON program.

The Commission and the CON program provides information on operations at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5106---,00.html

General Health Policy Support

The Section provides legislative analysis and tracking service to the many areas of MDCH. All bills introduced and assigned to the Department are tracked and analysis is provided to the Governor's office through the DCH Legislative Liaison. So far in this legislative session, 313 bills have been introduced and assigned to DCH.

Issues analyzed include both national and urgent health policy matters, including health insurance coverage, long term care, primary care practice transformation, Michigan's uninsured rates, and health care work force shortages.

Health Planning and Access to Care Division

The Health Planning and Access to Care Division has four program areas: Primary Care, Rural Health, Provider Recruitment and Retention, and Health Planning.

Primary Care

The Primary Care program area focuses on enhancing access to comprehensive care services across Michigan. In fiscal year 2008, the Department provided \$2.6 million in financial support to 11 community health centers serving populations with significant barriers to accessing care. MDCH funded 46 clinics that provide free health care and prescription assistance to uninsured residents, with most of the care being provided by volunteer providers. The Department also provided technical assistance to communities interested in expanding access to primary care. This fiscal year, over \$1.5 million of additional federal funding was received by Michigan health centers to expand the capacity of the health care safety net. In addition, the Department received \$500,000 from CMS to support Emergency Room Diversion activities in Greenville and Flint.

Rural Health

The Rural Health program focuses on improving health of rural residents, addressing barriers to

health care, and assisting rural communities in enhancing their capacity to serve their residents. This year, MDCH and the Michigan Center for Rural Health developed the Michigan Strategic Opportunities for Rural Health Improvement State Rural Health Plan. The Department managed the planning process which identified access to care, provider recruitment and retention, and healthy lifestyles as priorities. The full plan can be found at http://www.michigan.gov/documents/mdch/Plan_4-15-08_FinalwCover_232037_7.pdf, and the corresponding Michigan Rural Health Profile can be found at http://www.michigan.gov/documents/mdch/MichiganRuralHealthProfile-2008-0801_243955_7.pdf.

Provider Recruitment and Retention

The Provider Recruitment and Retention program area focuses on attracting and keeping health care providers (primary care, specialist, and mid-level providers) in both urban and rural health professional shortage areas in Michigan. The Michigan State Loan Repayment Program (MSLRP) provides medical education loan repayment assistance to primary care providers. This fiscal year, MDCH significantly expanded the MSLRP program as the result of a 21% increase in federal funds. This \$1.5 million dollar program was able to place 46 providers in underserved areas during FY 2008. Recognizing the success of MSLRP, the federal government increased the amount of funding for FY 2009 by another \$50,000, allowing further program expansion. Additional information on MSLRP can be found at <http://www.michigan.gov/mislrp>.

The Department is also responsible for developing and approving National Health Service Corp (NHSC) placement sites and helping providers interested in this program. In FY 2008, MDCH approved 67 sites to be filled with NHSC loan repayors or scholars, and assisted many providers who were interested in the NHSC. The Department also placed 30 International Medical Graduates, practicing in both primary care and specialty care, in underserved areas through the Conrad 30 J-1 Visa Waiver program.

Health Planning

The Health Planning program monitors health outcomes and access to care measures to direct local, state, and federal resources that enhance access to health care and improve public health. During FY 2008, health planning efforts included an analysis of health care resources and Medicaid claims data for East Side Detroit, in partnership with the Detroit-Wayne County Health Authority.

The Department assesses local demographic and health data to determine which areas in Michigan qualify as Health Professional Shortage Areas (HPSAs). Designation as a HPSA allows a community to be eligible for various federal and state programs. In FY2008, Michigan completed HPSA reviews for 21 communities. For more information on HPSAs, see <http://www.michigan.gov/hpsa>.

Health Planning staff completed the 2008 Characteristics of the Uninsured and Select Health Insurance Coverage in Michigan report (see http://www.michigan.gov/mdch/0,1607,7-132-2946_5093-17224--,00.html). The Department maintains the Michigan Critical Health Indicators, which describe residents' health and provides a method for monitoring improvements. The Department also engaged with the federal Healthy People initiative and is contributing to the development of Healthy People 2020. A 2008 report compares Michigan's progress on the Critical Health Indicators to the national benchmarks in Healthy People 2010. Finally, in conjunction with the Michigan Primary Care Association, the Department updated the County Primary Care Profiles; see <http://www.mpca.net/healthpolicy/profiles>.

Office of Services to the Aging

For over 35 years the Michigan Office of Services to the Aging (OSA) has been the “go to” agency within state government that manages funding for aging programs statewide. These programs are made possible through partnerships with 16 regional area agencies on aging (AAA), and over 1,200 local community agencies. The partnership - which is mandated by the federal Older Americans Act of 1963, as amended, and the Older Michiganians Act of 1980 - is commonly known as the aging network.

OSA provides for a variety of federal and state-funded community-based and in-home programs to older adults and their caregivers. These programs are designed to promote the independence and dignity of Michigan’s 1.6 million older adults. A total of 266,356 older adults and caregivers are served through nutrition and in-home programs available throughout the state. An additional 78,875 older adults benefit from a variety of community services determined locally through public hearings and needs assessments. OSA’s mission is: To promote independence and enhance the dignity of Michigan’s diverse population of older adults and their families.

The key functions of OSA are the following:

- Advocacy
- State Long Term Care Ombudsman
- Provide an array of services to older adults 60+ to help:
 - Older adults stay active, engaged, healthy
 - Develop local community capacity to respond to growing aging population
 - Promote innovation in long term care
 - Support family and informal caregivers
 - Enable older adults to live in setting of choice
 - Target those in greatest social, economic need
- OSA contracts and has administrative responsibility for federal, state, and local funds which are used to provide the following services:
 - Locating housing
 - Counseling
 - Legal service
 - Transportation
 - Health promotion
 - Adult Day Care
 - Medicare/Medicaid Assistance Program (MMAP)
 - Local Long Term Care Ombudsman
 - Senior Employment Program
 - Elder Abuse Prevention
 - Volunteer Programs
 - Home Health Aides

OSA manages the following programs and grants:

Programs:

Care Management Program – Through assessment of individual needs and the brokering of services, the Care Management Program assists frail older adults at risk of nursing facility placement. The program locates, mobilizes and manages a variety of home care and other services necessary to support individuals in their desire to maintain independence in their home. Access Services – Access services are those that permit older adults and their families to gain entry into the array of services available at the local level.

Elder Abuse Programs – OSA works in partnership with many organizations to provide training, technical assistance and consulting services aimed at the prevention and treatment of abuse, neglect and exploitation of older adults. OSA served as the lead agency for the 2005/2006 Governors Task Force on Elder Abuse. Currently OSA is a core partner for a Department of Justice Office on Violence Against Women grant to reduce violence against older adults in SE Michigan.

Employment Opportunities- The Senior Community Service Employment Program is authorized under Title V of the federal Older Americans Act. The program provides work experience and skill enhancement through subsidized, part-time assignments at community service agencies. Participants must be aged 55 or older with a family income no greater than 125 percent of the established poverty guidelines. Priority is given to those individuals over the age of 65 with the greatest economic need.

In Home Services- Older adults served by this program have functional, physical or mental characteristics that prevent them from providing the service for themselves, and do not have available or sufficient informal support networks (i.e. family, friends, neighbors) to help meet their service needs.

Legal Services- These programs provide information, advice/counsel, legal education and direct representation. The types of cases most frequently dealt with relate to income, health care, long term care, nutrition, housing, utilities, guardianship, abuse/neglect and age discrimination. In FY 2009 over 53,000 hours of legal services were provided to almost 10,000 older adults.

Grants

Aging and Disability Resource Centers (ADRC) AoA, 2010 – 2012

- ADRCs are services that empower persons of all ages and income levels to navigate the full range of long term care support and service options. This is a “no wrong door” approach which includes option counseling and unbiased information and assistance. ADRC partnerships will be formed including at the minimum: Area Agencies on Aging, Centers for Independent Living, individuals/consumers, Long Term Care Ombudsman, the Medicare/Medicaid Assistance Program, DHS offices, Benefit Outreach Enrollment Centers, service providers, hospitals and other local stakeholders.

Community Living Program (CLP)/Nursing Home Diversion, AoA, 2008 - 2010

- Administered locally by the area agencies on aging, identifies individuals at risk of NF placement and Medicaid spend-down. CLP provides information and counseling to link individuals to service options that help them utilize their personal resources to remain living in the setting of their choice and avoid Medicaid dependency.

Community Living Program/Veteran Directed Home and Community-Based Services (VD-HCBS), AoA

- Identifies veterans of any age at risk of nursing home placement, regardless of income, and provides them with services through the aging network. The AAA provides eligible veterans with person-centered planning and consultation, as well as a plan of supports and services to help them receive supports and services of choice. The VD-HCBS includes an option for self-directed care.

Creating Confident Caregivers - Savvy Caregiver, AoA

- Provides training and support to caregivers whose family member has Alzheimer's disease and related dementia. Provides the caregiver with knowledge, skills, and attitudes needed to manage stress and carry out their role effectively. This is also provided to caregivers of veterans with dementia.

Evidence-Based Disease Prevention, AoA

- Helps older adults adopt lifestyles and behaviors that enhance quality of life. Emphasizes both prevention and treatment. Programs are in 53 Michigan counties and include the Stanford Chronic Disease Self-Management Program, Matter of Balance, Enhanced Fitness, Arthritis Self-Management, and the Arthritis Exercise Program.

State Profile Grant (SPT), CMS, 2007-2010

- A report on Michigan's long term care system that describes the interaction between service delivery systems, the relationship between populations, and opportunities for closer coordination. The grant also involves development of national indicators to be used to measure states' progress along a pathway toward a balanced long term care system.

Developmental Disabilities Council

The Michigan Developmental Disabilities Council is committed to advocacy, systemic change, and capacity building to promote independence, self-determination, and inclusion of people with developmental disabilities in all facets of community life.

The council carries out its role by advising the Governor's disability liaison and state departments of the needs of people with developmental disabilities, by developing and recommending coordinated policy for persons with developmental disabilities, and by planning for the use of federal funds to improve Michigan's service delivery network on behalf of persons with developmental disabilities.

The council's five-year strategic plan outlines the strategies the council uses to engage in and support advocacy, capacity building and systemic change activities. Council activities are targeted to address the needs of persons with developmental disabilities. The federal definition of developmental disability is a severe, chronic disability of a person that:

- Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- Is manifested before the person attains age twenty-two;
- Is likely to continue indefinitely;
- Results in substantial functional limitations in three or more of the following areas of major life activity: a) self-care, b) receptive and expressive language, c) learning, d) mobility, e) self direction f) capacity for independent living, and g) economic self-sufficiency; and
- Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong extended duration and are individually planned and coordinated.

Milestones/Accomplishments

One example of Council activities this past year was involvement in public testimony. The Council mobilized Regional Interagency Consumer Committees (RICCs) to provide public testimony, and advocates packed the Senate Appropriations Subcommittee for the Department of Community Health to speak about the programs they valued most during the budget process.

P.A. 634 was signed into law, which authorized the creation of pilot projects for long-term care in Michigan. In conjunction with the Housing workgroup, heavy advocacy resulted in the Michigan legislature passing P.A. 182, which will bring more visitable housing. Years of advocacy also resulted in new funding for the Michigan Housing and Community Development Fund, which will create more affordable housing.

DD Council advocates and other statewide advocates attended the 2008 Disability Policy Seminar in Washington, D.C., voicing concerns and advocating about disability issues to Michigan's federal legislators.

The Council had many successful partnerships in 2008 including:

- Work with the council's grantee, Michigan Partners for Freedom, to help individuals learn about and use the principles of self-determination in their lives;
- Production of a DVD entitled Medicaid: Our Neighbors, Our Community, to help educate community members and policy makers about the critically important services Medicaid provides;
- A three-year care coordination grant to help improve health care delivery and assure maximum benefit from health expenditures; and a three-year project to improve oral health,

which will document oral health needs of people with disabilities and develop and help implement an advocacy plan to better meet these needs; and

- Outreach to underrepresented groups in Michigan through the 'Include All of Us' grant, including translation of all Council publications into Spanish and Arabic.

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(Footnotes)

¹ Michigan Department of Community Health. (2006). Pregnancy risk assessment monitoring system report 2003. Retrieved from <http://www.michigan.gov/mdch>.

² Michigan Department of Community Health. (2006). Pregnancy risk assessment monitoring system report 2003. Retrieved from <http://www.michigan.gov/mdch>